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1	,	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1_MARYLAND
मं कियाने	1	CERTIFICATE OF DEATH U3118
de ath	1.	PLACE DF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE  b. COUNTY  a. STATE
after the ges after		BALTIMORE CO. MARYLAND Md. BALTIMORE
s af		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hour s. F	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS    O. L. C. S. RESIDENCE
executed within 24 hours after and completely filled in by the remove carbon papers. Pages any event, within 72 hours after	1	greater BALT: MORE Medical Center 15 WARREN Lodge CT. April YES NO [
thin gon p	3.	NAME OF First Middle Last I 4. DATE Month Day Year
executed within and completely remove carbon is any event, with		(Type or print) YABU CIZL ALLSION DEATH WARCH 1967
arte Co	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HI last birthday)   Months   Days   Hours   Mir
		male W WIDOWED DIVORCED MARCH 1/ 1967 yrs. 3 2
sician and in	dur	. USUAL OCCUPATION (Give kind of work done industry   10b. KIND OF BUSINESS OR INDUSTRY   11b. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN DF WHAT CDUNTRY?
hysi ple	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME
ding pl		FRANCIS Q. ALLSTON DR. VELMA FAGE Godbee
h cei tendi nit. I	15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17. INFORMANT s. no. or unknown)   (If yes give war or darks of service)
	\	NO MOTHERS CHART - Above
the dea 1. by the a nsit peri emation,		18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c).]
hat the ician. ned by I-transi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congentifal heart disease
equires that ing physician een signed he burial-tra to burial, cr		Conditions, If any, which
requires ding phy been si the bur or to bur		gave rise to immediate
aw required tending as been as the prior to		underlying cause last. (c) (Dulmarady vein stenosis)
atten atten e has se as th pric	NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN UNPART 1(a) 19. WAS AUTOPS PERFORMED?
fication under the all	FICA	YES NO
certificate for use for use to of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part t or Part II of Item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)
ep acc		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e, PLACE OF INJURY (Home, farm,   20f., (City or town) (County) (State)
G PH by the er th ate D	MEDICAL	Hour a.m.  p.m.  While Not While at work at work
ed by the After Id be die State	2	21. I certify that (I) (this hospital) attended the deceased from 3/11, 1967, to 3/11, 1967, that (I) (we) la
ATTENDIN retained t CTOR: Aft Should b yith the St		saw the deceased alive on 3 / 11 1967, and that death occurred at 3 2 M, from the causes and on the date stated above
OR A De re Direc Se 3 Se 4		22a. SIGNATURE 27b. DATE SIGNED ATTENDING MED. ASTAFF 3/1/1/2
TAL OR may be IAL DIR		22c. PHYSICIAN'S PHYS. C. KELLY, HD. M.D. PHYS. DIRECTOR PHYS. C. PHYSICIAN'S 22d. ADDRESS
E 4 E 9-5 /		NAME (Type) HANGARET E. LANG. M.D.
Page Page O FUNI direct	232	
100	K	emoval - MAR. 11, 1961   Wilst hunch Cemexery Haem's hun, s. Caroxina
100 415 (4)	24	ADDRESS ADDRESS 25a. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE COMMINICATION OF THE PROPERTY OF THE PRO
VR AI5 (4) 20M 1/65	4	JOHN BUYER HOLLS LOUSON, MAN. DATEMAN I 5 1361 Juniores Jungo

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THE RESIDENCE OF ASSESSMENT OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #8 Film #G38 CERTIFICATE 03128 OF DEATH ). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21212 Towson d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Joseph Hospital 202 Hollen Rd. YES NO X 3. NAME OF Middle 4. DATE Month Doy DECEASED ANAPA March 1967 Jennie 14 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Hours February 23,1884 White Female WIDOWED SC DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Italy INDUSTRY Italy Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Fazie Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, navor unknown) (Iff yes give war or dotes of service) 218-28-0830 Mrs. Leonard DeCato, 3208 Northway Dr. Balto. Md INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Congestive heart failure secondary to IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Arteriosclerotic heart disease. rise to immediate couse (a), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m foctory, street, office bldg., etc.) ital) attended the deceased fram March 11, 19,67, to March 14, 19,67 that (\$ (we) last March 14, 19,67, and that death occurred at 12:30M, fram causes and an the date stated above. 21. I certify that (I (this haspital) attended the deceased fram\_ saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. March 14, 1967 M.D. PHYS DIRECTOR 22d. ADDRESS 7620 York Rd., Towson, Md. 21204 NAME (Type) Ernesto Hipolito. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 3/18/67. Holy Redeemer Cemetery Baltimore, Md.

ADDRESS

Leonard J. Ruck. Inc. Balto. Md. 21214

2Sb. REGISTRAR'S SIGNATURE

Melanles Jus

2504 RECENBY REGISTRAR

DATE

TO FUNERAL DIRECTOR: After this certificate VR A15 (4) 20 M 1/66

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24. FUNERAL DIRECTOR

requires that the death certificate be executed within 24 haurs after death

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filled in by the funeral papers. Pages 1 and

the attending physician and completely f sit permit. Then please remarked arban natian, ar removal, and in day eveny, with

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, I institution: Residence before admission) Baltimore MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) 19 days Baltimore 22 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State s St. Joseph Hospital 3420 Dunhaven Rd. YES NO refain NAME OF Middle DATE may be reft. Month Year DECEASED OF Mary Anderson March 67 DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 4/28/89 Months Hours Min. WIDOWED DIVORCED yrs. and 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, 2 M3. Page done during most of working life, even if refired) Housewife Baltimore, Maryland Own Home PM3. 13. FATHER'S NAME Edward Clark Lena Housner 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address. (Yes, no, or unkown) | (If yes give wer or dates of service) 7538 Berkshire Road Mrs. Gertrude Marecki No 217-07-5551 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH Pulmonary Embolism PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 90 40 **DUE TO** 0 Comminuted fracture of left femur 19 days Conditions, if any, which lon, (6) geve rise to immadiate cause DUE TO Examiner (a), steting the underlying used cause lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? burial, 99 the word NO plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. fell writing the Chief No Page 3 standard ertificate, w. to the Chief 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (State) Month, Day, Year (County) 20c. TIME OF INJURY CIOR: Pa home fectory, street, office bldg., etc.) Not While a While Baltimore Md. at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion designated DIRECT Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY I ASSISTANT MEDICAL EXAMINER 21/67 DEPUTY MEDICAL EXAMINER Timonium Md.
Address (Street, city, town, of county) Plear TO FUA Health 8 EXAMINER'S William A. Pillsbury NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial Mt. Carmel Baltimore, Maryland 23. FUNERAL DIRECTOR **ADDRESS** VR A15ME 1901-07 Eastern Ave. 5M 1/62 Lilly & Zeiler Inc.

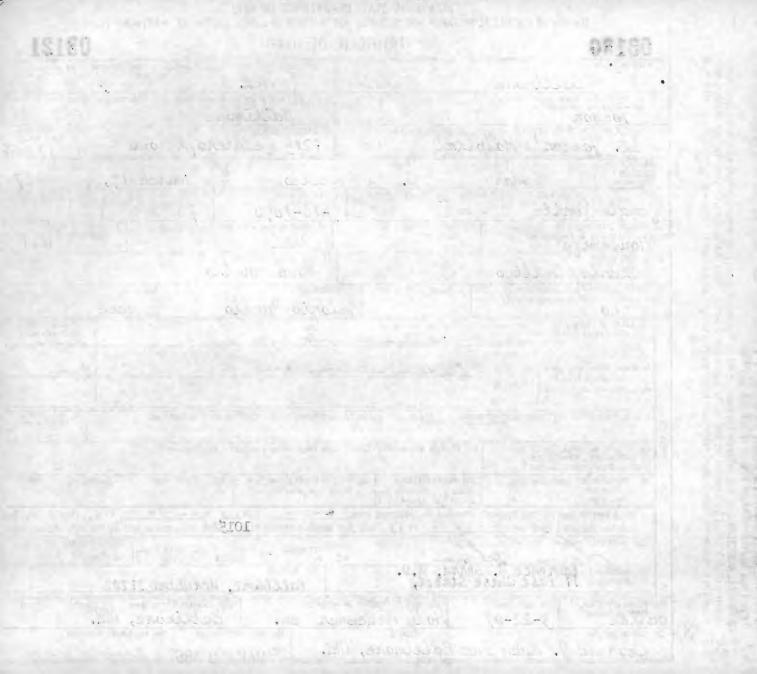
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EXAMINER:



1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYI AND
d da	03131 Thom #24 Pin CERTIFICATE OF DEATH	3122
and 2	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
K XZ- 5	" ISAI /IMORC MARYLAND " "SINIE //ARY/AND BI	9/10,
-7 00	b. CITY OR TOWN (If outside corporate limits, write RURA write RURAL and give nearest town)  CA TONS VI/C  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURA  CA TONS VI/C	u. and give nearest town)
hours ad in by ars. Pa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
ithin 24 hi	ST. Joseph Hurte 10 Park Drive	YES NO
The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely ir use as the burial-transit permit. Then please remove carbon pealth prior to burial, cremation, or removal, and in any within within	3. NAME OF DECEASED (Type or print) MARGARCT M. ATKINSON DEATH 3	Day Year
somp e cap	5. SEX 6. COLOR OF RACE IT MADDIED 1 8. DATE OF RIGHT 19. ACE I'M YEAR SETTING	R I VEAR HE LINDER 24 HRS.
xecul and c	WIDOWED DIVORCED CLT. 22, 1879 Styrs. Months	Days Hours Min.
be e	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12.	COUNTRY?
ate hysic plea	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U, S,11.
rtific ing p Then mov	George Grindell Ellen Sharon	
death certificate be e the attending physician it permit. Then please r lation, or removal, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	1-0 # -
deat he at perm ilon,	(Yes, mg or unkown) (Tryes give war or dates of service) Mrs. MARGARET A. BRADY 10 PAR	
uires that the death f physician. n signed by the att burial-transit permi	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
that slciag gned al-tra al, ci	HAUT DUE TO	
phy phy puri buri	Conditions, if any, which (b) (b)	
requir ding p been the bi or to b	cause (a), stating the DUE TO	
law re attendi has be e as th h prior		a) 19. WAS AUTOPSY PERFORMED?
V. The latificate health (See 1886)		YES NO
A T T T TO	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	.8.)
PHYSICI the hos this ce detambe		ounty) (State)
After the det be det	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)  While at work at work	
00 700	21. I certify that (I) (this hospital) attended the deceased from , 19-5 7 to 3 28, 190	4
OR ATTEN 1 be retained DIRECTOR: ge 3 should	saw the deceased alive on 3/2 8 1947, and that death occurred at 4 M, from the causes and on 228, SIGNATURE 226.	the date stated above.
DIRE See	M.D. ATTENDING MED. STAFF J 3	129/67
FITAL T mar ERAL or, pa	22c. PHYSICIAN'S NAME (Type)  J. C. Pours  22d. ADDRESS  73 45 F.2 - Clerich	~
TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page should be filed	23a BURIAL CREMATION   23b DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   1 23d, 10CATION (City, town or c	county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BURIA 3/30/67 New CATheoral BAITOI	Md.
VR A15 (4)	24. FUNERAL DIRECTOR 30/ FRECENEK Rd 25a. REC'D BY REGISTRAR 25b. REGISTRAR 25c.	
15M 4-64	the plant the party of the part	777



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03132 law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on) o. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND physician and completely filed in by the ien please remove Carbon papers. Pages oval, and in any event, within 72 hours off b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21218 Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspito), give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 2327 N. Charles St No Z NAME OF Middle Last 4. DATE Manth Day Year DECEASED (Type or print) BAGLEY March 18 67 DEATH 19 9. AGE ( n years Lost birthdoy) 50 yrs 6 COLOR OR RACE B DATE OF BIRTH IF JNDER I YEAR I IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** WIDOWED 😿 June 19, 1910 DIVORCED female white 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME n signed by the attending phys e burial-transit permit. Then pl o buriol, cremation IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) IN Records 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Pulmonary infarction ottending physicion. pulmonary thrombo-embolism Canditions, if any, which gave rise to immediate couse (a). r this certificate hos been sidetached for use os the b DUE TO stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? director, page 3 should be detached for use shauld be filed with the Stote Dept. of Health Congestive heart failure YES A NO 4 may be retained by the hospital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) (County) factory, street, affice bldg., etc.) of work After 21. I certify that (# (this haspital) attended the deceased fram March 6 O FUNERAL DIRECTOR: saw the deceased three an March 18 19 67, and that death accurred at 12: M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. March 18,1967 . D. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road, Towson 4, Md. Revnaldo Or juel a-Gomez, M. D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION, 23d. LOCATION (City or Town) (State) REMOVAL (Specify) REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1887



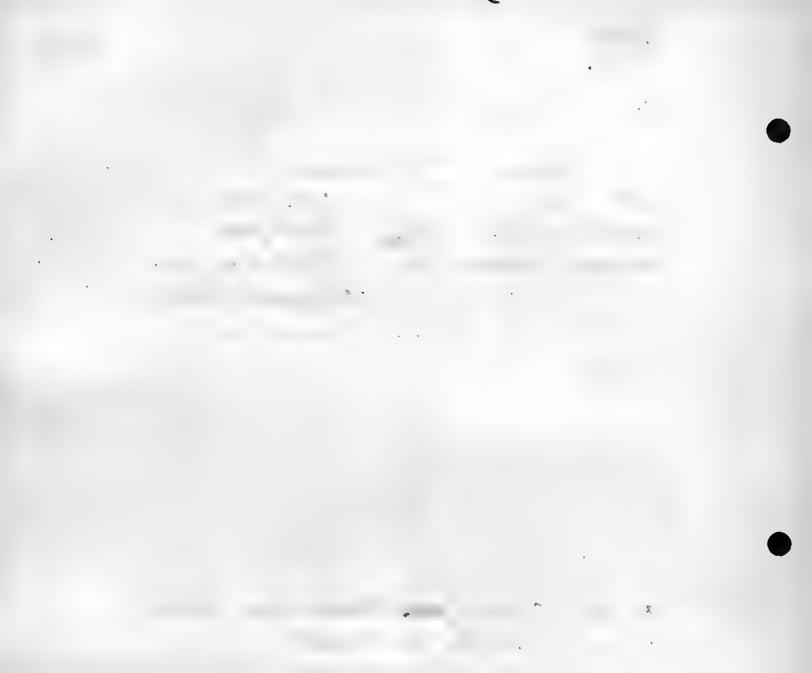
1	MARYL DIVISION OF STATISTICAL RESEAR	AND STATE DEPARTMENT OF H CH AND RECORDS, 301 W. PRESTON	IEALTH STREET, BALTIMORE 1, MARYLAND
e Television	03133	CERTIFICATE OF DEATH	03124
death death	1. PLACE OF OEATH a. COUNTY BALTIMORE	2. USUAL RESIDENCE	(Where deceased lived, If institution: Residence before admission) b. COUNTY BALTO
in by the funeral	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH GF STAY IN 1b c. CITY OR TOWN (If our	tside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi		9. IS RESIDENCE ON A FARM?
う年記』の	21 DUNMORE RD	.   21 Do	NMORE RO. YES NO
completely filted within 72 h	3. NAME OF First OECEASED (Type or print) ED WARD	E. BAILEY	DATE Month Day Year OF DEATH MARCH 1/ 19 47
keCi and any	5. SEX 6. COLOR OR RACE 7. MARRIED WIOOWEO	NEVER MARRIED 8. DATE OF BIRTH  DIVORCED 5EPT. 1, 190	9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Months   Oays   Hours   Min.
be cian ase nd in	during most of working life, even if retired) INOU	ISTRY	ty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
certificate ding phy Then pl removal,	13. FATHER'S NAME  EDWARD BAILEY	14. MOTHER'S MAIDEN  ANN A	NAME
e death certificate be the attending physician t permit. Then please ation, or removal, and in		CIAL SECURITY NO. 17. INFORMANT  Mr. Darthy C. J.	Backer - 2 / Ourmore Tel.
nat the cian. ed by transi	18. CAUSE OF OEATH [Enter only one cause per line PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO	for (a), (b), and (c),1 Opens Disease	INTERVAL BETWEEN ONSET AND DEATH
law requires the trending physical phys	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)		
The lor a cate or use or use lealth	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING   20b. DESI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		YES NO
CLAN ospit cert cert hed t. of		CRIBE HOW INJURY OCCURREO. (Enter nature of In	
NG PHYSI by the h fter this be detac State Dep	ZOC. TIME OF INJURY Month, Day, Year   20d. INJU Hour a.m.   While p.m. 19   at work	IRY OCCURRED 20e. PLACE OF INJURY (Home, farm factory, street, office bldg., etc.)  at work	, 20f. (City or town) (County) (State)
	21. I certify that (I) (this hospital) attended saw the deceased alive on 3/11	the deceased from 1967, and that death occurred at 7/2	. 19 67, that (I) (ye) last PM, from the causes and on the date stated above.
DIR.	22a. SIGNATURE A THE TOTAL TOT	M.D. ATTENDING ME DIR	
O HOSPITAL Page 4 may D FUNERAL director, pa	NAME (Type) JOHN H. Tuc	OHY, M.D. ST, AGNE	S HOSP., BALTA MD 21229  23d. LOCATION (City, town or county) (State)
TO HOS Page TO FUN direct should	Super 3-14-67	23c. NAME OF CEMETERY OR CREMATORY  Constant  ADDRESS  AD	Wordlaw Trel.
VR AIS (4) 20M 1/65	July-Cvaning B. F. C.	atomorely med DMAR I	1 5 1967 Cliarles Judge
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #13 & OF DEATH 03134 The law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH the attending physician and compteredy filled in by the funeral sist permit. Then please remove, carban papers Pages 1 and mation, or removal, and in any event within 72 hours after deat a. COUNTY o. STATE Baltimore Baltimore MARYLAND b CITY OR TOWN (If autside corporate imits, write RURAL and give pagrest town)
CALONSVILLE C LENGTH OF STAY IN 16 c CITY OR TOWN (If ausside corparate limits, write RURAL and give negrest town) 2M0 Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 2034 Read Road Caton Ridge Nursing Home NO K 3 NAME OF 4. DATE Middle Manth Day Year DECEASED 5 19 6 (Type or print) DEATH IF UNDER 1 YEAR S SEX IE UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH AGE (In years last birthdoy) Hours WIDOWED X DIVORCED 10a USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 11. BIRTHP(ACE (County & Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
OWN HOME INDUSTRY. COUNTRY? Own Home Virginia 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Isaiah Bailey Frances S. Kephart 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT burial-transit permit. (Yes, ga, or unknown) (If yes give war or dates of service) NO Mrs. Belva I. Tiedemann Same as buriol, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH **IMMEDIATE CAUSE** signed by Poge 4 moy be retained by the hospital or attending physician. DUE Conditions, if ony, which gove rise to immediate cause (a), DUE stating the underlying cause this certificate has been use os the WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONDITION GIVEN IN PART 1(a) NO TO ō 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Haur a.m. Not While factory, street, office bldg., etc.) 19 at work TO FUNERAL DIRECTOR: After 7-29-, 1966, to 3-21-, 1967, that (I) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram 19 67, and that death accurred at 1130 A.M. fram causes and an the date stated above. saw the deceased alive an 3-25-220 SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. 3-25-67 director, poge 3 should be filed v DIRECTOR M.D. **ADDRESS** 22c PHYSICIAN CAVERO NAME (Type) ((aunty) Md. 23d. LOCATION (City or Town)
Baltimore 23c NAME OF CEMETERY OR CREMATORY (State) 23g BUR-AL CREMATION. 23b. DATE THEREOF Louden Park 2Sb REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



<b>I</b>		DIVISION OF STATISTICAL RESE	ARCH AND RECORDS	, 301 W. PRESTON STR	EET, BALTIMORE 1, M	IARYLAND
4 524	_	03135	CERTIFICATI	E OF DEATH	0	3126
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s after s		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL	and give nearest town)
hours d in b rs. P.	12	sentley Springs	_	Bent	ley Sprin	195
r 24 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS	7	9. IS RESIDENCE ON A FARM? YES NO
withii pletel sarbon nt, wit	3.	NAME OF DECEASED (Type or print) Howard	Middle Ba	e language land DF	TE Month	Day Year
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the tree it per	-	18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c).1	7		INTERVAL BETWEEN ONSET AND DEATH
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The far or att cate he r use a	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE (	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND
OR ATTENDING PHYSICIAN: The be retained by the hospital or INRCTOR: After this certificate is 3 should be detached for unit the State Dept. of Health	CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. ( DR CONTRIBUTING   CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury I	1 Part I or Part II of Item 18.	)
PHYSICIAN f the hospit ir this cert detached i	CAL	Hour a.m. While	Not While factor	CE OF INJURY (Home, farm, 20 ry, street, office bldg., etc.)	f. (City or town) (Cou	nty) (State)
OING ad by Afte d be e Sta	Z	p.m. 19 at work 21. I certify that (I) (this hospital) attende	1_	19'55	to /24, 27, 196	∠, that (I) (we) last
ATTEN retain CTOR: Shoul		saw the deceased alive on 14, 2/	19, 7, and that	death occurred at 2/4 M	from the causes and on th	ne date stated above.
OR A DIREC		22a. SICNATURE		ATTENDING MED.	- STAFF	ATE SIGNED
TAL may AL O		22c. PHYSICIAN'S NAME (Type)	M.D.	PHYS. O ORECTO	C.C. Del	<u>c/6/</u>
D HOSPI Page 4 D FUNER director	238	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	,OR, CREMATORY 23d.	LOCATION (City, Jown or cou	nty) (State)
5g 5g €	74	Burid 3/30/67	Appress Stab	lers (em.	PINATON ECISTRARI 256. REGISTRAR'S	M/// S SICNATURE
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20M 1/65 💥	F	1.	7		-	11-17



03136  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1 PLACE OF DEATH 0. COUNTY Baltimore  MARYLAND  1 PLACE OF DEATH 0. COUNTY Baltimore  MARYLAND  1 C LENGTH OF STAY IN 1b Write RURAL ond give necrest town) Ft. Howard  1 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  1 PLACE OF DEATH 0. STATE Maryland  1 C CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest town) Baltimore  1 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  2 USUAL RESIDENCE (Where deceosed lived, functioning Residence before odmission) 0. STATE Maryland  2 C CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest town) Baltimore  3 O STATE Maryland  4 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	7 T	te	ns 18-21	L Film 387 DIVISION					RTMENT OF HEA STREET, BALTIMA		ARYLAND 21201			
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SE CAUSE OF DEATH (Enter only one couse per line		13	FATHER S NAME						14 MOTHER'S MAIDEN	NAME -				
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Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause (b)   DUE TO		7	18 CAUSE OF DE	ATH (Enter only one cou		( b)	11 0	<u>40</u>		5/4/6	719-91-0	·	INTERVAL BET	WEEN
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21 I certify that I taak charge of the remains described above, he d on Autopsy x, Inspection , Inquiry , and in my operal death resulted from:  Natural causes , Accident x, Surcide , Hamicide , Undetermined manner   CHIEF MED CAL EXAM NER   ACTUAL SIGNATURE	,	8	PART II OTHER S	GNIFICANT CONDITIONS C		O DEATH BUT	NOT RELATED T	0 Ты	E TERMINAL DISEASE CO	NDITION G	VEN IN PART 1(0)		19 WAS AUTO PERFORM	PSY ED?
21 I certify that I taak charge of the remains described above, he d on Autopsy X, Inspection , Inquiry , and in my opinion death resulted from:  Natural causes , Accident X, Suicide , Hamicide , Undetermined manner   CHIEF MED (AL EXAM NER )  ACTUAL SIGNATURE		Ē.	20° EALEDNY CV	HEE WAS	DOL DE	cenineour	hilling occ. not	D (F-	itas pakira al apres va	Dust Las	Dost I of days 101		YES X	NO _
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ACTUAL SIGNATURE ASSISTANT MED CAL EXAM NER X 3/14/67			death result	ed fram: Natur	al causes [	], Accid	ent x, Si	u+cid			_	nanner [		
2 EXAMINER'S CLASSIC ROLLING STATES DEPUTY MFD CAL EXAMINER 3/14/67				( ) ha	iles I	ala			ACCICTANT NO				22. DATE	SIGNED
	2		EXAMINER'S			1			DEPUTY MFD (	al examii	NER 🗌		3/14/	67
230 BURIAL CREMATION 23b DATE THEREOF 23r NAME OF CEMETERY OR CREMATORY 23d OCATION (Cty or Toyo) (County) (Stote)		7			167	23c NAM	to NA	97	EM	7	rich. Ke	1 /	(County) (S	121
230 BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (Cty or Town) (County) (State)	8	24	FUNERAL DIRECTO	R	100	ADI	ORESS	/		D BY REG	a see All a	EGISTRAR'S S	IGNATURE	
DEMOVAL (Specify) 3/16/67 BALTO NAT CENT TICK PROSTRARS SIGNATURE  24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRARS SIGNATURE		-	1. +10	121 -1	730	Ca	stern	, (	USO MIAK	16	1967	سروم المراغ	1	



o_ 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 500 £	03137 CERTIFICATE OF DEATH 03128
death.	1. PLACE DF DEATH  a. CDUNTY  BRATTIMORE  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
13: 140 T 5	TOWSON, MARYLAND MARYLAND DIALTO.
by by Pages	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b COLVE OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Write RURAL and give nearest town)
24 hours filled in b papers. Peppers. Peppers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. & TREET ADDRESS  d. & TREET ADDRESS  DN A FARM?
ithin 24 hours tely filled in by boon papers. Pagwithin 72 hours	TREATOR DOLTIMORE MEDICALIAN: MARER MILL KD. 21131 YES NO.
executed within and completely remove carbon prany event, within	6. NAME DF DECEASED (1) LUTHED Middle Last 4. DATE Month Oay Year
comple	(Type or prior to Land RER LackETT   DEATH / TARCH 27 19 67  5. SEX   6. CDLOR OR RACE   7. MARRIED   8. OATE OF BIRTH   9. ACE (In years   FUNDER 14 PEAR   IF UNDER 24 HRS.
S EEE €	MALE WHITE WIDDWED OLVORCED 3-24-29 38 birthday) Months Oays Hours Min.
	10a USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ficate be e physician and ipr wai, and ipr	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1.5. A.
certificate be nding physician please Then please removal, and i	NERCMON DARRETT FEARL DURD
eath certiffications of the second of the se	15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SEGURITY ND. 17. INFORMANT Address  (Yes, no, or unknown) [(If yes give war or dates of service)]
e death the attent t permit	16 215-24-5503 Mas SADIE P. BARRETT PAPER MILL RD.
at the death calan. Sian. See by the attent trans. I permit. Cremation, or recognition.	18. CAUSE OF DEATH [Enter only one cause per line forth), (b) and (c).]  PART I. DEATH WAS CAUSED BY.  A COUNTY OF THE PART I. DEATH WAS CAUSED BY.  PART I. DEATH WAS CAUSED BY.
that siciar gned al-tra	14201 OUE TO OUE TO
requires ding phy been sig the buri	Conditions, if any, which gave rise to immediate (b)
redunding the pee	cause (a), stating the OUE TO
PHYSICIAN: The law requires that the hospital or attending physician. This certificate has been signed betached for use as the burial-trance Dept. of Health prior to burial, cre	
al or affication with Health	Š  YES 😿 NO 🗍
CIAN ospit certi hed i	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)    Contributing   Cause of Death (If Either, Notify Medical Examiner)   20b. Describe How Injury Occurred. (Enter nature of injury in Part I or Part II of item 18.)
PHYSICIA the hospi this cer detached	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
NG P by t ifter be c State	Hour a.m. p.m.  19   While   Not While   factory, street, office bldg., etc.)
OR ATTENDIN OR ATTENDIN DIRECTOR: Aff ge 3 should be	21. I certify that (I) (this hospital) attended the deceased from week 27, 1967, to week 27, 1967, that (I) (we) last saw the deceased alive by 1442 442 1967, and that death occurred at 22 4. If from the causes and on the date stated above.
A ATI	22d. SICNOTURE 22b. OATE SICNED
At on ay boase page filled	MED. STAFF  22c. PHYSICIAN'S  22d. ADORESS  ATTENDING MED. STAFF PHYS. ADORESS
SPIT	NAME (Type) MANUEL A. GONGON
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-trans. should be filled with the State Dept. of Health prior to burial, crem	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State)
F F "	Burial 3/30/67 Poplar Grove Cemetery Baltimore County Maryland 24. FUNERAL DIRECTOR ADDRESS Grove Cemetery Recistrar 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Wm. Cook-Brooks Towson 1050 York Rd. 21204 DMAR 3 0 1967 Clearley Judge
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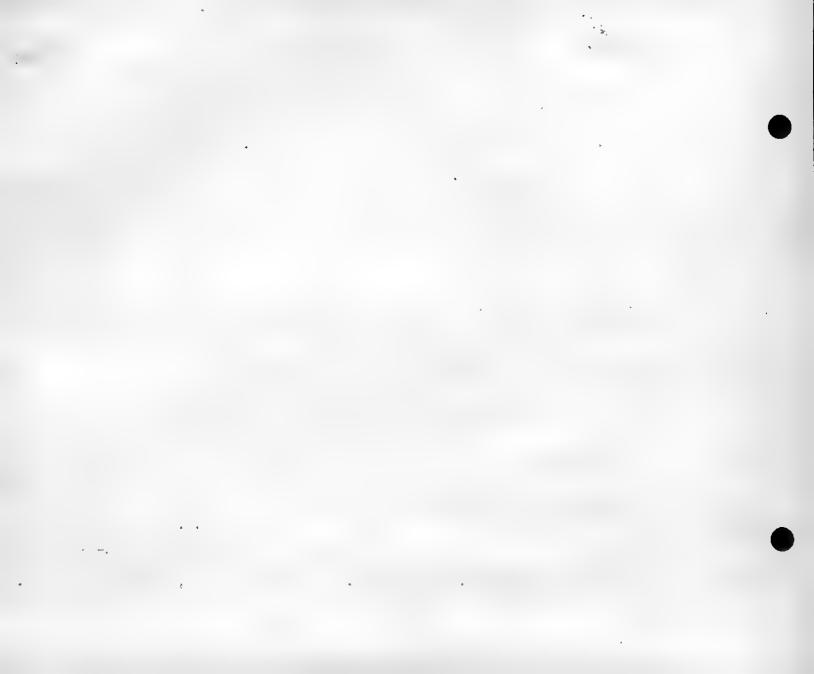
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03138 signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave <u>carbon papers. Pages I and 2</u> death law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss PLACE OF DEATH a. COUNTY o. STAMaryland **b** COUNTY Baltimore Baltimore papers Pages 1 hin 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate timits, c LENGTH OF STAY IN 16 ( CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and gwe regrest town) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? St. Joseph's Hospital 731 N. Collington Avenue NO NAME OF First Midd.e 4. DATE Month Last Day Year **DECEASED** BASE 1967 Joseph W. 3 March event, 1 (Type or print) DEATH male 7 MARRIED AGE (In years 1F UNDER I YEAR IF UNDER 24 HRS. **NEVER MARRIED** last birthday) Months Days Hours WIDOWED DIVORCED 10g JSUAL OCCUPATION (Give kind of work dane KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova Stredcek WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO (Yes, ga, ar unknown) (If yes give war or dates of service) burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH carcinoma of the colon IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. 1228 DUF TO Conditions, if any, which gove ? rise to immediate couse (a), **DUE TO** stoting the underlying couse as the prior tal O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) detached f ite Dept. af 1 OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c, TIME OF INJURY Month, Day, Year (County) (State) Haur a.m. factory, street, office bldg. etc.) Nat While February 1907 March 21. I certify that (1) (this haspital) attended the deceased fram\_ ta 3 shauld saw the deceased alive an March 19 67 and that death accurred at 8:20P from causes and an the date stated above. 22a, SIGNATURE **ATTENDING** DIRECTOR director, page 3 should be filed PHYS 22c" PHYSICIAN'S 22d. ADDRESS NAME (Type) Eduardo M. Canilang 7620 York Road, Baltimore 21204 Md. 23g. BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) URIAL **FUNERAL DIRECTOR ADDRESS** 25o. REC'D BY REGISTRAR REGISTRAC'S SIGNATURE VR A15 (4) 1 20 M 1/66 196



1			DIVISION OF STATISTICAL RESEARCH AND RECORD	DS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
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45 de 19			write RURAL and give nearest town)	BALTIMORE	30-11
at state			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS	e, IS RESIDENCE ON A FARM?
	,		Miller Nursing Home	535 Carey Street	YES NO R
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		3.	NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Year
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e b and car			FEMALE NEGRO   WIDOWED DIVORCED	8-25-1882   84 yrs.	
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LL (I) _		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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ned ned of of		MED	Hour a.m. While Not While p.m. 19 at work el work		
e S O at a p			21. I certify that (I) (this hospital) attended the deceased fro	m. 3-1-, 19.67 to 3-12, 19.	6.7, that (I) (we) last
L H P			7 ion (-1)	hat death occured at	the date stated above.
Shou			220. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
141° =			Rachard N. Herut	M.D PHYS. A DIRECTOR PHYS.	2-15-67
PITAL Page 4 ERAL Page with t	- 1		22c. PHYSICIAN'S NAME (Typa)	22d. ADDRESS	1. 5111
<b>2017 分で元</b>	,		NICHOLD HILIANT	-100 / 101 acres 21 1 81 1 sac	y) (State)
HO HO irecto		23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		
ទីភូពិគ្ន		_		Mem. Park Arbutus.  25a. REC'D BY REGISTRAR 25b. REGISTRARS	SIGNATURE.
VR A15 (4) 15M 9/60				1 1 5 1967 CCG	nes judge
IOM 3/00	:		forton & Dyett F.H. 1701 Laur	ens St. DATE HATTI A V INVI.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03140 The low requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY a. STATE b. COUNTY MARYLAND BALLTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

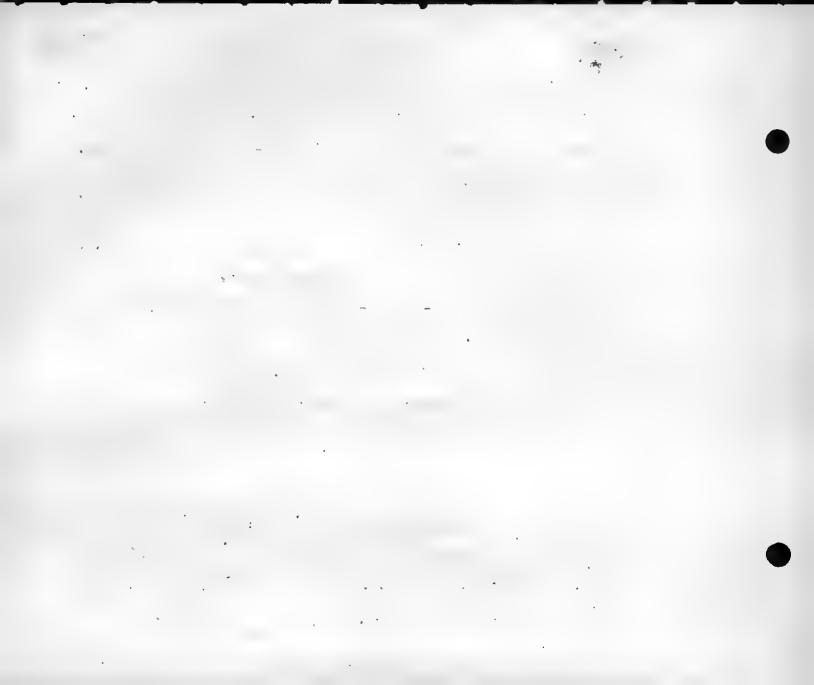
FORT HOWARD CLENGTH OF STAY IN 15 (ITY OR TOWN (If outside corporate limits, write RURA), and give nearest fown) papers. Pag hin 72 hours o 8 DAYS BALTIMORE <u>~</u> d. NAME OF HOSP TAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? hin 72 l filled 26L7 WILKINS AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO LA corpon NAME OF First Middle Last DATE Month Year Day etely DECEASED MARCH DE PAUL BEATTY 31 (Type or print) VINCENT 67 19 DEATH IF UNDER 1 YEAR 5 SEX IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X 8 DATE OF BIRTH AGE (In years remove ast birthday) Months Days Hours WIDOWED DIVORCED WHITE 1.901 MALE 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) < INDUSTRY COUNTRY? U.S.A LABORER BALTIMORE, MARYLAND 13 FATHER'S NAME removal WILLIAM LEO BEATTY MARY MC CALL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT VA HOSPITAL (Yes, no, or unknown) [[If yes give war or dates of service] 50 216 07 49 78 CLINICAL RECORDS FORT HOWARD, MARYLAND YES 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ) INTERVAL BETWEEN burial, cremat burial-tronsit PART I DEATH WAS CAUSED BY: ONSET AND DEATH BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) DUBUTO Conditions, if any, which gave BRONCHOGENIC CARCINOMA WITH METASTASIS nse to immediate couse (a), DUE TO stating the underlying cause as the prior to last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROTITA 2AW PEREORMED? Heolth ARTERIOSCLEROTIC HEART DISEASE NO 200 ACCIDENT WAS JNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m factory, street, office bldg , etc.) Not While nt work at work 19 67 to MARCH 31 , 1967, that (1) (we) last 21 I certify that (1) (this haspital) ottended the deceased fram MARCH 23 saw the deceased blive on MARCH. 31. 19 67, and that death occurred at 340A M, fram causes and on the date stated above O FUNERAL DIRECTOR: 22b DATE SIGNED 3/31/67 220 SIGNATURE DIRECTOR PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S JUVAN, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE, MD BURTAT. 24 FUNERAL DIRECTOR ADDRESS BY\_REGISTRAR VR A15 (4) COWAN FUNERAL HOME 25M 1/6

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VR A15 (4) 20M 1/65 **DIVISION OF** 

MARYLAND STATE DEPARTMENT OF HEALTH	
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO  CERTIFICATE OF DEATH	RE 1, MARYLAND
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NAME (Type)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NAME (Type)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT NOT WELL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT NOT WELL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT NOT WELL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NOT WELL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WELL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED.  20	ı					го											
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20c. TIME DF INJURY Month, Day, Year Hour a.m.    While   Not While   at work   at wor		2	PART II, OTHER	SICNIFICAN	TCONDITIO	VSCDNTRI	BUTINCTO	DEATH BUT N	OT RELA	TED TO THE TERMI	NALDIŞEASE	COND	ITION GIVEN	NPART 1(a)	19.	Was au Perfor	TOPSY MED?
20c. TIME DF INJURY Month, Day, Year Hour a.m.    While   Not While   at work   at wor	-	FICA															HD K
21. I certify that #0 (this hospital) attended the deceased from Sept. 25 1932, to March 12, 19 67, that #1) (we) lare saw the deceased alive on March 12 1967, and that death occurred at 15 M, from the causes and on the date stated above 22a. SIGNAYORE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  M.D. PHYS. DIRECTOR PHYS. 3-13-67  22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228		CERTI	DR CONTRIBUT (IF EITHER, ND	WAS UNDE ING CAU: TIFY MEDIC	RLYING THE SE OF DEAT CAL EXAMIN	H ER)	DESCRIB	E HOW INJUR	Y OCCU	RRED. (Enter natu	ire of Injury	in Par	t I or Part II	of Item 18.	)		
21. I certify that #0 (this hospital) attended the deceased from Sept. 25 ,1932 , to March 12 , 19 67, that #1) (we) lare saw the deceased alive on March 12 1967 , and that death occurred at the decease and on the date stated above 22a. SIGNAYORE  M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 3-13-67  22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228	-1	CAL			onth, Day, Y	- 1			0e. PLA	CE OF INJURY (Hor		Of. (0	ity or town)	(Con	nty)	(8	State)
21. I certify that #0 (this hospital) attended the deceased from Sept. 25 ,1932 , to March 12 , 19 67, that #1) (we) lare saw the deceased alive on March 12 1967 , and that death occurred at the decease and on the date stated above 22a. SIGNAYORE  M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 3-13-67  22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228	1				19	Whi at we	le Not at	While work	lacto	131 311 001, 011100 31	og., c.c.,						
saw the deceased alive on March 12 1967, and that death occurred at 12 M, from the causes and on the date stated above 22a. SIGNATORE  22a. SIGNATORE  M.D. ATTENDING MED. DIRECTOR STAFF A 3-13-67  22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228	1	-	21. I certi	y that 🌇	(this hospi	natte (leti	adad the	decessed fr	DM	Sept. 25	1932	, to_]	March 1	2, 19	27, tha	at <b>本)</b> (v	ve) last
Anthony J. Young, M.D. ATTENDING MED. STAFF 3-13-67  22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228	-		saw the de	ceased ali	ve Dn	Marc	h 12	19,67_, ai	nd that	death occurred	a2:45	vi, from	n the cause				above.
PARTICIAN'S NAME (Type) Anthony J. Young, M.D. 22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21226	-		22a. SIGNATO	RE	10	1/2000		12.10			Q 0		CTAGE A				
NAME (Type) Anthony J. Young, M.D. Baltimore, Maryland 21226	-			11.000	SHA	ann		4W	M.D					-			
Dollar 13 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1				Man.	-/3	Varia	- M.D.	•	22d. ADDRE	COL TIME						L
		_		110													
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)		23a	BURIAL, CREA	eclfv)	1	HEREOF	23c.		1		230	20	/	1	inty)	(SI	(ate)
Bullial) 3/1/167 31. John's Cem Itoward Cc: 110,		6	surial	3	11/1	67	3		N5		25012 52				e cickia	THE	31
24. FUNERAL DIRECTOR  25a, REGID BY REGISTRARY SIGNATURE  8. May 1961 301 Frederick Rd  DATE  DATE		24.	FUNERAL DIR	COOR	11	30		4 - 1	R	/	WAR Z I	Jean	367 230	Clark	By Ste	edge	
2.8. Mac flatte Sof frequences has bate		_ 4	- 01/2	0/100		1	0.15	700	11	DAT	E		1 0			U	



12	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	ALTIMORE 1 MARYLAND
.∺ .≊2. ∺.	03142 CERTIFICATE OF DEATH	03133
death. funeral and 2 death.	. a comply	lived, if institution: Residence before admissi
after the f ges 1 after	Baltimore County MARYLAND A. STATE MARYLAND	b. COUNTY Belfines
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	limits, write RURAL and give nearest tow
	Mount Wilson 580 Frederick	- Kd 13-1
24 h filled papers in 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  Mount Wilson State Hospital	e. IS RESIDEN ON A FARM
within pletely i arbon p it, within	3. NAME OF First Middle last in DATE	Month Oay Year
	OECEASED (Type or print) PAUL FOSTER BELL DEATH	3 4 1967
executed w and compl remove car i any event,	6. COLOR OD RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE  While WIDOWED OLYORCED X 7 2 7 14 5 25	(in years   IFUNDER TYEAR   IFUNDER 24 H birthday)   Months   Oays   Hours   Mi
e exe	On USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   12. BIRTHPLACE County & State, or for	eign country)   12, CITIZEN OF WHAT
as ici	THE PARTY OF THE INDUSTRY MARYLAND	COUNTRY?
a 2 a	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	7 4 7 4 9
certificate	WITHAN H. BELL VIRGINIA	CALN
표 활분호	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes (no.) or unkown) (If yes give war or dates of service) 2/2-6/2/4 Records, Mt. Wilson	State Hospital
· 호텔	18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c). ]	INTERVAL BETWEE
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAPELINE NA PULMONATE G	5 mo
s that hysicia signed rial-tra rial, cl	Conditions, if any, which	
required ding phe per specific properties the pure properties of the pure pure pure pure pure pure pure pur	gave rise to Immediate	
	cause (a), stating the OUE ID underlying cause last. (c)	
rather start /	PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	NGIVEN IN PART 1(a) 19. WAS AUTO S PERFORMED? YES NO [
CIAN: Th ospital or certificat ned for u	2Da. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 of OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	i band b
YSIC hos is c each lept.		or town) (County) (State)
NG PH by the fter th be det	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City of factory, street, office bidg., etc.) while at work at work	or town) (County) (State)
NDII ned % At uld the S	21. I certify that (I) (this hospital) attended the deceased from 1709, 1966 to 3	4 , 194 , that (I) (we) la
ATTE retai ECCTO 3 sho with t		e causes and or the date stated above
DIE BE	22a. SIGNATURE  ATTENOING MEO. OIRECTOR PHYS. OIRECTOR PHYS.	TAFF 3/4/67
HTAL (RAL (page)	220. VHYSICIAN'S  NAME (Type)  22d. ADDRESS	
F4 휴 5- /	Wm. Newcomer, M.D., Superintendent Mount Wilson, M	aryland
Page To FUN direct should	REMOVAL (Specify)	on (city, town or county) (State)
00	24. FUNERAL DIRECTOR AGORESS 1.25a. REC'O BY REGISTRAR	
VR A15 (4)	Witzke F.D4101 Edmondson Ave.	Charles Judge

- , , -7 .

1	Division of STATISTICAL RES	MARYLAND STATE DEP EARCH AND RECORDS, 301		IMORE, MARYLAND 21201
: 8 : <u> </u>	03143	CERTIFICATE	OF DEATH	02134
in after death the funeral safe, death	b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	MARYLAND	Maryland	osed lived, if institution: Residence before admission) b. COUNTY Balto, rate limits, write RURAL and give nearest town)
hin 24 haurs	Rural Towson  d NAME OF HOSPITAL DR INSTITUTION (If not in hospital  524 Stevenson Lan  3. NAME OF  First	give street alidress)  Middle	d STREET ADDRESS 524 Stevens Lost 14. DATE	50n Lane   e. IS RESIDENCE ON A FARM?  YES   NO   NO   NO   NO   NO   NO   NO   N
requires that the death certificate be executed within 24 haurs after death g physician. In signed by the attending physician and campletely fulled in by the funeral to burial-fransit permit. Then please remave carban papers. Pages 1 and 3 to burial, cremation, ar remayal, and in any evertit, within 72 haurs after-death	S SEX 6 COLDR DR RACE 7 MARRIED COLDR DR RACE WIDOWEL	Lee Benn Never MARRIED   8.	DF	9 AGE (In years ast birthday) Manths Days Haurs Min.
certificate be g physician a Then please r maval, and in	auring most of warking life, even if retired)  House wife  13. FATHER'S NAME  Fred H. Waters	None	Somerset Co 14. MOTHER'S MAIDEN NAME Ada Water	Marylandusa?
equires that the death physician. signed by the attendir burial-transit permit. burial, cremation, ar re	(Yes, no, or unknown) (If yes give wor or dotes of service)  18 CAUSE OF DEATH (Enter only one cause per line for	Ar	thur Bennett Malnutrition	Address  Same  INTERVAL BETWEEN DNSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 shauld be detached for use as the burial-transit permit. Then please remave candid be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any every	DUE TO	ndifferentiate	d Careinoma	undetermined
IAN: The Ic tid or aften ficate has b for use as f Health prive	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (E		YES NO U
ING PHYSIC by the haspi fer this cert fer detached fate Dept. a	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 20d Whi of wr.	ile Not While ork at wark	OF INJURY (Hame, form, 20f. ry, street, office bldg., etc.)	(City or town) (Caunty) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to	220 SIGNATURE QUARROLO	10 1967, and that	ATTENDING MED. PHYS. DIRECTOR	to Mar 10, 1967, that(II) (we) las M, fram causes and on the date stated abave 22b. DATE SIGNED 3/10/67
10 HOSPITAL Page 4 may t 0 FUNERAL D director, pag shauld be file	22c PHYSICIAN'S NAME (Type) Thomas N. I  23o. BURIA, (REMATION, 23b DATE THEREOF REMOVAL (Specify) 3 1-5 67	Ferciot TIT  23C. NAME OF CEMETERY OR CO DULANCY V		Rd Timonium  OCATION (City or Town) (County) (Store)  OCKEYSULLE MD.
20 M 1/66	24 FUNERAL DIRECTOR JOHN BUZZAS Sons	ADDRESS SWJOW	25g REC'D BY REGIS	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH aw requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution o. COUNTY b. COUNTY p. STATE BALTIMORE MARYLAND KENT MARYLAND b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 15 c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) FORT HOWARD 11 DAYS CHESTERTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Ξ d STREET ADDRESS S RESIDENCE filled VETERANS ADMINISTRATION HOSPITAL YES NO T NAME OF Middle First DATE Dov Year DECEASED OF DEATH RUTH C. BENNETH MARCH 17 (Type or pant) S SEX 6. COLOR OR RACE B DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED birthdoy) Months APRIL 4. WHITTE WIDOWED DIVORCED 1894 FEMALE 100 US\_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. MURSE NURSING HAVERHILL. MASS. 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME BERTHA LARRAWAY JAMES CASWELL IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, ap ocunknown) (If yes away way or dotes of service ŏ 214 22 31 42 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY SHAKANDARA MULTIPLE MYELOMA IMMEDIATE CAUSE for DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? certificate has HEART DISEASE. DIABETES MELLITUS YES A NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item IB) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office blda, etc.) ot work 3/6/67 21 I certify that (this hospital) attended the deceased from 3/17/67 saw the deceased alive on. 19 , and that death accurred at M, from causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED 3/17/67 K PHYS. M.D DIRECTOR PHYS NAME (Type) GEORGE DUDAS, M. D. HOWARD, MD. TO FUMERAL 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d LOCATION (City or Town) (County) St. Paul Cemetery Chestertown, near ADDRESS 24'. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTRARIS SIGNATURE VR A15 (4) 25M 1/67 J. WILLIS WELLS FUNERAL HOMBA HIGH STREET, CHESTERTOWN, MD.



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CATE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If Institution, Residence before admission Hampton House Apt 1014 20fo En Joppa Rd. e. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Yrs. Rural. Towson Rural. Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 204 E. Joppa Rd. YES NO Joppa Rd. NAME OF M ddle Month paper DECEASED OF 67 March Edward Haves (Type or print) Benson DEATH 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 73 birthday) and Months | Days Hours Male June 20 1893 WIDOWED [ DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or fore an country) done during most of working life, even if relifed) Cockeysville, Md. U.S.A. Self employed Physician 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Katie Haves Josuha E. Benson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown] | [Ifyes give war or dates of service] Mrs. Edward Benson 204 E. Joppa Rd. 220 46 5358 WW. I II 18. CAUSE OF DEATH [Enter only one cause geryl ne for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which' gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enler nature of In ury in Part I or Part II of item 18. 208. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER Month, Day, Year 2Dd INJURY OCCURRED, 20e PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from..... 22s. SIGNATURE. ATTENDING PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d, LOCATION (City, town or county) REMOVAL (Specify) Jessups Cockeysville Balto. Md. arrial 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Lassahn Funeral Home 7401 Belair Rd. 1SM 7 62



, 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# 2a #	03146 CERTIFICATE OF DEATH 03137
death. funeral and 2 death.	1. PLACE OF ORATH a. CDUNTY b. COUNTY b. COUNTY b. COUNTY
Pages 1 urs after	MARYLAND MARYLAND MIRE TO TIME OF C
S. Page	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
- 550	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
7 4 6 7	1230 North Alve V230 North Mie. YES NO N
The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove carbon peath prior to burial, cremation, or removal, and in the event, with	3. NAME OF OECEASED OF First Middle Last 4. DATE Month Oay Year OF OF OF OECEASED OECEA
comple comple ve carl event,	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. OATE OF BIRTH   9. AGE (III years I FUNDER 1 YEAR I FUNDER 24 HRS
icate be executed physician and cor n please remove val, and in the events of the cortex of the cort	Lungle Willits WIDOWED DIVORCED 12/23/02 Tast Dirthday) Months Days Hours Min.
be execusion and ease remo	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
ate finysie ples al, ar	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certifica ding pi Then remova	tions F Blank Ner Prieda Beage 24:
eath certifica attending ph armit. Then in, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, po, or unkown) (If yes give war or dates of service)
death c he atten permit. tion, or i	1 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) 3
ulres that the deal g physician. n signed by the al burial-transit perr	PART I. DEATH WAS CAUSED BY:  DNSET AND DEATH
that sicia gned al-tra al, cl	IMMEDIATE CAUSE (a).  OUE TO
phy phy n sig buri	Genditions, If any, which gave rise to immediate (b) Crone of the complete (b)
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atter atter has se as fi pri	
The The ficate or us Health	Dealite Military PERFORMEOT YES NO IN
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  19. WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSI the hithis this letacle	20c. TIME OF INJURY Month, Oay, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ING I by the later State	
END ained DR: / outd the	21. I certify that (I) (this hospital) attended the deceased from 1956, to 1956, to 1956, to that (II) (we) last saw the deceased alive on 1957, and that death occurred at 5 3 M. from the causes and on the date stated above.
A ATI	22a. SIGNATURE   22b. DATE SIGNED
AL OI ay bo bage page filed	ATTENOING MEO. STAFF 3/30/6)  22c. PHYSICIAN'S MEO. DIRECTOR PHYS. 3/30/6)
O HOSPITAL Page 4 may O FUNERAL director, pa should be fil	22c. PHYSICIAN'S NAME (Type) Dr John Healey 1311 Francis Ave.
Page Page O FUI direc	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24. FUNERAL DIRECTOR  AOORESS 1 25a, REG'O BY REGISTRAR! 25b, REGISTRAR'S SIGNATURE
VR A15 (4)	Ambines True 1328 Sul shur So Icd. APR 3 1967 yourles Judge
2DM 1/65	Aller and the state of the stat



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03147 campletely filled in by the funeral ave carbon papers Pages I and 2 y event, within 72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence o. COUNTY Baltimore o STATE Maryland b. COUNTY Baltimore MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? 4218 Kensington Road 4218 Kensington Road NO X YES NAME OF Middle 4 DATE Month Doy Year DECEASED March 16, John J. Biemiller eveht, Sr (Type or print) DEATH S SEX 6. COLOR OR RACE 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH lost charthdoy) Hours 1--26-1902 Male White WIDOWED DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Maryland Retired 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, Edward Biemiller Elizabeth Jordan 1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO 216-03-8715 Anna M. Biemiller, 4218 Kensington Road crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN I-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO 3 Teillosc (eroTIL CV 417+ burial buriat Conditions, if ony, which gove 3 rise to immediate cause (o), DUE TO stoting the underlying couse attending prior t 9 has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS!
PERFORMED? CERT, FICATION Health NO. سالا certificate 5 20o ACC DENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) ((ounty) (Stote) MEDI Haur o.m. factory, street, office bldg., etc.) of work at work 12, 1936, to 21. I certify that (1) (this hospital) attended the deceased from 19 6 7 that (1) (we) last be retained saw the deceased alive on FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS DIRECTOR MD. 22c PHYSICIAN'S NAME (Type) Dr. Thomas E. Roach 5550 Baltimore National Pike, Balto., N directar, shauld b 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, ((ounty) 3-20-1967 Baltimore County, Maryland Lorraine Park Cemetery AD DRESS 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 21229 Howard H. Hubbard, 4107 Wilkens Ave.

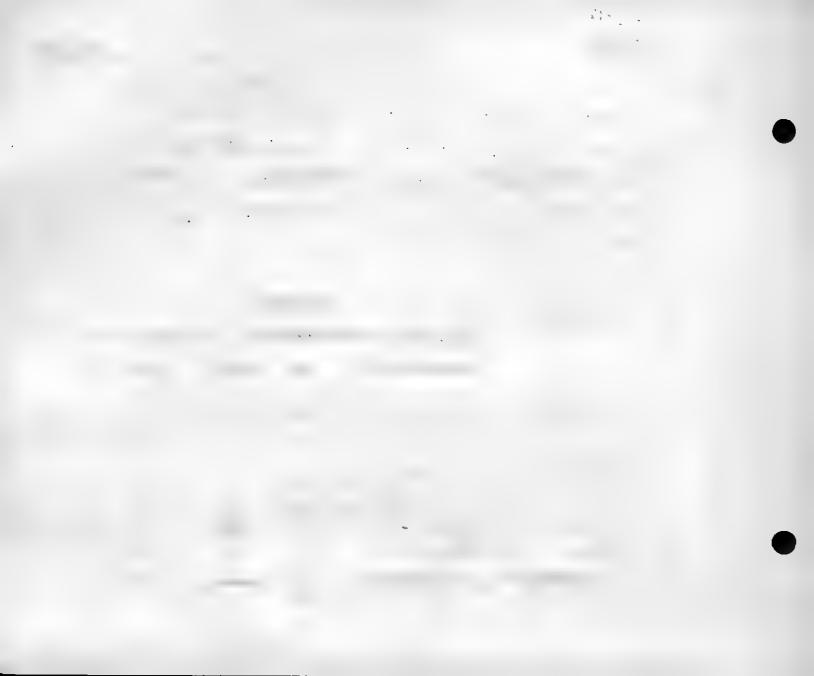


J ]	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
282		03148	CERTIFICATE	OF DEATH	03139	
rs after death y the formal	1.	PLACE OF DEATH a COJNTY Baltimore County b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Mount Wilson	MARYLAND c. LENGTH OF STAY IN 16	USUAL RESIDENCE (Where deceosed lived, if instead of STATE b. C. CITY OR TOWN (If outside carparate limits, write)	Washer to	
in 24 haurs illed in by t papers. Pa	H	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d STREET ADDRESS 1305 Salem and	e IS RESIDENCE ON A FARM? YES NO X	
within stely fills por riban po	3	Mount Wilson State  NAME OF PIEST (Type or print)  Per 1 Ey	Mydde Kritzma	Last 4. DATE OF DEATH	Annth Day Year 2 / 1967	
cate be executed within 24 has sician and completely filled in please remove carbon papers.	5.	SEX 6 COLOR OR RACE 7 MAI	OWED DIVORCED	DATE OF BIRTH  5-2-1890  9. AGE (In yeor lost birthday 76 yr	s IF UNDER 1 YEAR 1F UNDER 24 HRS. ) Months Doys Hours Min.	
erificate be exe physician and e nen please rema naval, and in any	dυ	ring most of working life even if retired)	10b KIND OF BUSINESS OR INDUSTRY Wood	11 BIRTHPLACE (County & Stote, or foreign country)  W.d. (Wash.Co.)	12 CT ZEN OF WHAT COUNTRY?	
certifice ng physi Then pl		WAS DECEASED EVER IN J. S ARMED FORCES?		14. MOTHER'S MAIDEN NAME  Alice Tostes  NFORMANT  A	ddress	
e death attendir on, ar re	(Y	es, no, or unknown) (If yes give wor or dotes of service $A(O)$	170-12-7889 Re	cords, Mount Wilson		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs be retained by the haspital or attending physician.  **IRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Paged with the State Dept. af Health prior ta burial, cremation, ar removal, and in any event, within 72 haurs.		18 CAUSE OF DEATH (Enter only one couse per I PART   DEATH WAS CAUSED BY:   MMEDIATE CAUSE (a) DUE TO  Conditions, if ony, which gove is to immediate couse (a), stating the underlying couse	Lacin aucini	ell freelow by the to	ONSET AND DEATH	
The law r attendia has bee use as the lith prior i	MOIT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE	UTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO	
rSICIAN: aspital o certificate hed far	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Port 1 or Port 11 of item 18.		
ING PHY by the hater this one detact	MEDICAL	Hour o.m.	While Not While focto	E OF INJURY (Home, form, ry, street, office bldg., etc.)		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior ta		220., SIGNATURE		death occurred at 7 p. M, from cause  ATTENDING MED. STAFF PHYS DIRECTOR PHYS.	es and on the date stated above.	
O HOSPITAL OR ATTEND Page 4 may be retained o FUNERAL DIRECTOR: A director, page 3 should should be filed with the		227 PHYS CIAN'S Wm NAMN BOOK COMER, M.D.	, Superintenden	22d ADDRESS		
TO HOSPITAL Page 4 may TO FUNERAL director, pog shauld be file	23	O BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify) 325/6	230 NAME OF CEMETERY OR OF COMPANY OR CO. M. ADDRESS Francis C.	Nagenta 250. REC'D BY REGISTRAR 25h	Town) (County) (Stote)  The Triangle Tr	
20 M 1/66	1/	est Harry Trineral Cl	whit 1601 Bester	MAR 27 1967 /	0	

9 2 . . 5 C

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03149 physician and campletely filled in by the funeral ten please remove carban papers. Pages 1 and 2 and 20 mount within 79 hours after death. The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COJINTY COUNTY ALTIMORE MARY! AND b CITY OR TOWN (If outside corporate l'mits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate I mits, write RURAL and give nearest town) write RURAL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? COUNERSL YES NO X LTIMONE NAME OF 4. DATE Dov Year DECEASED OF (Type or print) DEATH 19 6 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR NEVER MARRIED last birthdoy) Months Dovs Hours 21/ WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? NSURANCE /SETIMED OLAND 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME remaya signed by the attending phy DIMON WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or,unknown) (If yes give wor or dates of service) ö 051-07-0759 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove e TERRY rise to immediate couse (a). DUF TO use as the lath alth stating the underlying couse Page 4 may be retained by the haspital ar attending this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Health r YES NO ţ 20o ACCIDENT WAS UNDERLYING IT 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.) of of OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m Not While foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After ot work at work 21. I certify that (1) (this haspital) attended the deceased from 1967that (1) (we) last directar, page 3 shauld shauld be filed with the 3 should 45 M, from causes and on the date stated obave. and that death occurred atz saw the deceosed alive an 22o. SIGNATUR 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d ADDRESS PHYSICIAN'S NAME (Type) MITCHAT 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) BURIAL SINGI MA 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03150 The law requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the ottending physican and campletely filled in by the funeral six permit. Then please remave carbon papers. Pages L and mation, or removal, and in any event, within 72 haurs after deat PLACE OF DEATH o. COUNTY a STATE b. COUNTY Maryland Balto. Baltimore MARYLAND b CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Towson, Maryland 5mth23dys Catonsville d. NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Spring Grove State Hospital 308 Regester Avenue Balto.h Maes No NAME OF Middle Lost 4 DATE Month Doy Year DECEASED March 19 67 **Philomena** Bohn (Type or print) DEATH S SEX AGE (In years IF UNDER 1 YEAR | 1F UNDER 24 HRS. 6 COLOR OR RACE NEVER MARRIED 🛣 B. DATE OF BIRTH 7 MARRIED last birthday) Days DIVORCED White WIDOWED 1-10-84 Female 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME William Theresa 1S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) ((If yes give war ar dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO Address 218-30-6189 Records: Spring Grove State Hospital INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.

Myocardial signed by the burial-transit p ONSET AND DEATH Myocardial infarction IMMEDIATE CAUSE (a) DUE TO Hypostatic pneumonia Canditions, if any, which gave rise to immediate cause (a). DUE TO for use as the t stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic bain syndrome NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg, etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased fram 9-15-66, saw the deceased alive on March 8 19 67, and that death accurred at March 0 1967, that (% (we) last M, fram causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. ATTENDING 3-8-67 director, page 3 shauld be filed v M.D. DIRECTOR 114001 22d ADDRESS Spring Grove State Hospital 22r PHYSICIAN S Evelio A. Felipe, M.D. NAME (Type) Catonsville, Maryland 21228 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION, (County) PREMOVAL (Specify) Holy Redeemer Cem. Balto 2So REC'D BY REGISTRAR Mitchell -Wiedefeld Home, Inc. VR A15 (4) 1967 20 M 1/66 York Rd. 21212



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ir sa ir	0315: CERTIFICATE OF DEATH 03142
de a de la composition della c	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY b. COUNTY
hours after d in b too rs. Pages bours after	b. C/R OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OF TOWN (if outside corporate limits, write RURAL and give nearest town)
filled bapers	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  LOVO HELLORIST  PES   NO
executed witllin 24 hor and completely filted i remove carboranders.	3. NAME OF OECEASED (Type or print) SOPHIA M. BRANDT. 4. OATE NORTH SOFT. Day Year 7.
te be executed with ysician and complete carbicase remove carbicant in any event	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. OATE OF BIRTH last birthday) Months Days Hours Min.  WIOOWED DIVORCED 17/11/79 9. AGE (In years   IFUNOER 1 YEAR   IFUNOER 24 HRS.   Months Days Hours   Min.
te be oysician please i	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or life fewer in retired)  11. Big riplace (County & State, or foreign country)  12. Citizen of WHAT COUNTRY?
requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and in	13. FATHER'S NAME  CHEWRY THICKEY  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SUCIAL SECURITY NO.   17. INCORMANT  Address
death c e atten permit. ion, or a	(Yes, no, or unkown) (Affyes give war or dates of service) — Mughtre Sturre
hat the death cician. ned by the attent I-transit permit. II, cremation, or r	18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c):]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  WWW WWW WWW WWW WWW WWW WWW WWW WWW W
ires that the physician. n signed by burial-transif	Conditions, if any, which any of the state o
aw ten nas as pric	cause (a), stating the DUE TO underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19]. WAS AUTOPSY
The lor icate or us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMEC?  YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH
SICIA hospi s cert iched	
NG by fter be State	Hour a.m. While Not While p.m. 19 at work at work
ATTENDING retained by CTOR: Aften 3 should be with the Stal	21. I certify that (I) (this hospital) attended the deceased from 1965, to 3 1100, that (I) (we) last saw the deceased alive on 1965, and that death occurred at 2000, from the causes and on the date stated above.
TAL OR may be AL DIRE page 3 e filed v	M.D. ATTENDING MEO. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
TO HOSPITAL OR ATTENDIPAGE 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	PAME (Type) HENNEY CLOVING BELLY HOVEL IN BALL IN COUNTY)  237 BURIAL, CREMANON, 230. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 2302 LOCATION (City, town or county) (State)
<b>5.</b> 5. 0	24 FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MAR 9 1967 Journes Juste



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	03152 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03143
HEALTH DEPT.	PLACE OF DEATH  o (OJNTY Balta.  MARYLAND  2 USUAL RESIDENCE (Where deceosed rived, if institution Residence before admission)  o. STATE Ind.  b (OUNTY Balta)
2, and 3 PM3 Page partment	b CITY OR TOWN (If outside corporate I mits, write RURAL and give pegrest town) write RURAL and give pegrest town.  Randalls town.  D. O. A. Randalls town.
# - E & 2 00	d NAME OF HOSP TAL OR INSTITUT ON (If not in hosp tal, give street address)  Batts. Es. Sen. Hosp.  d STREET ADDRESS  3511 Foy Elif Et. 915 RESIDENCE ON A FARM? YES NO
after death 1. Give Pages a ang with the State with the State	3 NAME OF DECEASED (Type or print)  4. DATE Month Doy Year OF DEATH  3 NAME OF DECEASED (Type or print)
	S. SEX  6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH  9 AGE (In years let under 1 year if JNDER 24 HRS lost birthday)  Winth: WIDOWED DIVORCED Sept 22 1894 72 yes Months Doys Hours Min
14 haurs In Item 1 Is Office Is land 2 Iy event	100 USUAL OCCIPATION (Give kind of work done during most of working le, even it retired)  100 KIND OF BUSINESS OR IT BIRTHPLACE (State or foreign country)  112 C.T ZEN OF WHAT COUNTRY? NSA
within 24 in pencil in Examiner's File pages and in any	13. FATHER'S NAME abraham 6. Levitaly Clara Elbert
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor or dates of service) 218-52-1199 (Bath. Co. Gen. Hosp. Ricords. Randallof.
d be executed "pending"   Chief Medical Transit permit.	18. CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Bento myreardial Infarction  Inferval Between  Inferv
shauld be e he ward "per to the Chief burial-transit imation, ar re	Conditions, if ony, which gove ) (b) Be terrinsolventhe 6-V. Disease 1-42
0 + + -	rise to immediate couse (a), stating the underlying couse lost.  (c)
0 . 5 5 9 7	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6)  19 WAS AUTOPSY PERFORMED? YES \( \sigma \) NO \( \sigma \)
High Paris	PERFORMED? YES NO EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING TO CONTRIBUTING T
AMIN e the e 4 sh our fil age 3 s	20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCJRRED 20e PLACE OF NJURY (Home form, Hour a.m. p.m. While of wark of work 20 to wo
AR Transfer of the proof	21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, ond in my opinion death resulted fram Natural couses, Accident, Suicide, Homicide, Undetermined manner
	ACTUAL SIGNATURE D. D. Caples CHIEF MEDICAL EXAMINER D. 22. DATE SIGNED
SS to be the second	EXAMINER'S NAME (Type) D. D. CAPLES  DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  3-18-167
TO FILE	230 BUR AL CREMATION, 23b DATE-THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. OCATION (C by or Town) (County) (Stote)  REMBYAL Specify 3 191967 23c NAME OF CEMETERY OR CREMATORY 23d. OCATION (C by or Town) (County) (Stote)
VR A15MET(6)	24. FUNERAL DIRECTOR S. Lewis & Song IN C. Sources Md DATE 2 I 1967 256 PROGRESS GRANT REGISTRAS 2 I 1967

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission o COUNTY o. STATE MARY! AND offer c LENGTH OF STAY IN 16 c. CITY OR TOWN (If corporate limits write RURAL long give nearest town b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) 24 hours Day Jon filled in d\_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? pollects YES. NO S requires that the deoth certificate be executed within completely f NAME OF First Middle 4. DATE Month Doy Year With DECEASED OF 19 DEATH cremotion, or removal, and in ony event, (Type of print) IF UNDER YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE NEVER MARRIED remove The holoy Hours Dovs WIDOWED DIVORCED puo 10o USUAL OCCUPATION (Give, kind of work done during most of working 1 fe, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY > COUNTRY? physician 13. EATHER'S NAME MOTHER'S MAIDEN NAME 17. INFORMAN Address WAS DECEASED EVER IN ... S. ARMED FORCES? 16 SOCIAL SECURITY N (Yes/no, orungrown) (If yes give wor or dotes of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY mo IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO as the prior to b stating the underlying couse Page 4 may be retained by the haspital or ottending D FUNERAL DIRECTOR: After this certificate has been lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? Heolth r far use NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH with the State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work of work þ 19 67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1962 to March 18. 19 67, and that death accurred at \$20 P.M. from causes and an the date stated above saw the deceased alive an March 22b. DATE SIGNED 22o. SIGNATUR DIRECTOR director, poge 3 should be filed v M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 23d JOPATION (City or Town) (Stote) DATE THEREOF REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR

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M I	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
	ハライドノ	RTIFICATE OF DEATH	03145/			
Orand Pra Prand Pra Prand Prand Prand Prand Prand Pra Pra Pra Pra Pra Pra Pra Pra Pra Pra	PLACE OF DEATH O COUNTY BALTIMORE	2 USUAL RESIDENCE (Where deceased lived, if institution of state MARYLAND b. CO	tutan Residence before admission) UNTY BATIFTMORE			
4 haurs offer in by the formers. Pages T. 72 hours offer of VIRGINIA	b. CITY OR TOWN (If outside corporate limits, write PURAL and give negres) town)  C. LENGTH OF S  WITH PURAL AND	STAY IN 1b C CITY OR TOWN (If outside corporate firmits, write for the composition of the	RURA, and give nearest town)			
lled in papers. VII	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address VETERANS ADMINISTRATION HOSPITAL	BALTIMORE, MARYIAND	e IS RESIDENCE ON A FARM? YES NO 2			
The saw requires that the death certificate be executed within 24 haurs affect attending physician. The same and completely filled in by the foruse as the burial-transit permit. Then please remayer carbon papers. Pages the print to burial, crematian, ar remayal, and in any event, within 72 hours after the print to burial, crematian, ar remayal, and in any event, within 72 hours after the print to burial, crematian, ar remayal, and in any event, within 72 hours after the print to burial, and in any event.	3. NAME OF First Middle DECEASED (Type or print) EVEREIP R.	BROOKS OF DEATH M	anth Day Year ARCH 13 19 67			
executed company compa	MALE WHITE WIDOWED DIVE	ARRIED 18. DATE OF BIRTH  ORCED 6/5/14  9 AGE (In years lost birthdoy) 52 yrs	Months Days Haurs Min			
ofe be	100 USUAL OCCUPATION (Give xind of work done during most of working life, even if retired)  CRANE OPERATOR  13. FATHER S. NAME	OR 11 BIRTHPLACE (County & State or foreign country)  BROKENBURG, VA.  14 MOTHER S. MAIDEN NAME	12 CITIZEN OF WHAT COUNTRY?			
eath certific ending phys nit. Then p ar remaval.	JOHN SAMUEL BROOKS  15. WAS DECEASED EVER IN 5 ARMED FORCES? 16. SOCIAL SECURITY	ESMA K. TRAYHAM	dress			
e death attendin vermit. on, ar rei	(Yes, no ar unknown) (if yes give war ar dates at service) YES WW II 218 07 6:	2 08 CLIN.RECORDS, VA HOSPITAL	FT HOWARD, MD.			
equires that the death ce physician. signed by the attending burial-transit permit. The burial, cremation, ar remi	4 4 4	S RIGHT, UNDETERMINED ORGANISM	INTERVAL BETWEEN OBSELAND DEATH			
physicis physicis signed burial-I buria	Candit ans, if any, which gave rise to Immediate couse (a).	CARCINOMA TO BONES, BRAIN, LIVE	R MONTHS			
te taw retending as been as the priar to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	C CARCINOMA, RIGHT OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	MONGHS  19. WAS AUTOPSY PERFORMED?			
IAN: The taw radial ar attending frate has been for use as the Health priar to	E 200 ACCIDENT WAS JADERLYING ☐ 206 DESCRIBE HOW INJU	JRY OCCURRED (Enter nature of injury in Part I or Part II of Item 18)	YES NO K			
NSIC haspit certification of pri. of pri. of	200 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 TIME OF INJURY Manth, Day, Year Hour om.  200 INJURY OCCURRED While Not While	20e PLACE OF INJURY (Hame, form, 20f (City or town)	(County) (State)			
TENDING PH ined by the I OR: After this auld be deta the State De	21. I certify that (1) (this haspital) attended the decea	ased from 1/24/67 , 19 , to 3/1.	3/6719, that (1) (we) last			
OR ATTENDING be retained by the NRECTOR: After to e 3 should be d ed with the State	saw the deceased alive an 3/13/67 19	, and that death accurred o9:55A M, fram cause	22b. DATE SIGNED			
ラップ B B 産 1 デー	22c. PHYSICIAN'S NAME (Type) NETION NEILSON, M. D.	MD PHYS. DIRECTOR PHYS X  22d ADDRESS  VAH FORT HOWARD, MA				
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be dishalf be filed with the State SHIPPED TO: WHERE	230 BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF		Town), VIRGINIA (State)			
VR A15 (4) 25M 1/67	JOSEPH Joseph ). Zennen ( Joseph 257-8.	N. ZANNINO FUNE MAR POUE 1967 256	REGISTRAR S SIGNATURE			



MARYLAND STATE DEPARTMENT OF HEALTH



1 1	Division (	M of Statistical Reseal	IARYLAND STATE DEI RCH AND RECORDS, 301	W. PRESTON STREET	NLTH I, BALTIMORE, MARYL	AND 21201	
	03156	Itom #2 b,c	CERTIFICATE	OF DEATH		03147	
by the funeral Dags I and I an	PLACE OF DEATH  o. COUNTY  b CITY OR TOWN (If gutside co	R &	2 8 MARYLAND	BEC / me	ere deceosed lived, if instituti b. COUN de corporate limits, write RUR	Balto.	
in by th srs. Pag 2 hours o	write RURAL and give neare	st town}	3 month	Catonsvi	ille	1	' /
and in ony event, within 72 hours	d. NAME OF HOSPITAL OR INSTIT	NUNSIN S	We street oddress)	d. STREET ADDRESS 20	02 Winters/Lan 	ne lidit yes	RESIDENCE N A FARM? NO [
In only event, with	NAME OF DECEASED (Type or print)	hall J	Middle Bre	w N	4 DATE Mont	24	Year 19 6 7
5	SEX 6 COLOR	OR RACE 7. MARRIED [ WIDOWED [	NEVER MARRIED TO E	DATE OF BIRTH	9 AGE (In years lost birthday) Yrs.		UNDER 24 HRS. lours Min
TI di	Do USUAL OCCUPATION (Give kind ouring most of working life, even if n	of work done 10b. KIN etired) IND	D OF BUSINESS OR USTRY	Baltimore,	*	12. C TIZEN OF WE COUNTRY?	S . FL
	3. FATHER'S NAME Charles Brow	n		14 MOTHER'S MAIDEN NA Sarah Rol	ME		
) or rem	S WAS DECEASED EVER IN U.S ARM Yes, no, or unknown) (If yes give to VES	MED FORCES? 16. S		nformant rothy Brown	Addre - 202 Winters		
os the burial-tronsit permit. Then parior to burial, tremation, or removal,	IB. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME Conditions, if any, which gove nse to immediate couse (a) stating the underlying coust	SED BY: DIATE CAUSE (o) B DUE TO  (b) Se DUE TO	o), (b), and (c).)  and che puer  ui Coma	uuru'a	Caspinatio	INTERV ONSET	AL BETWEEN AND DEATH
TO THE CATTON	PART II. OTHER SIGNIFICANT C			e Hewiph THE TERMINAL DISEASE COND O CVA	ITION GIVEN IN PART 1(0)		S AUTOPSY REORMED?
MENICAL CEDITIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	G DES	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in Pa	rt I or Port II of item 18.)	YES	NO D
MENICAL	p.m.	19 While at work	Not While of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(County)	(Stote)
	21. I certify that (I sow the deceased c	) (this haspital) attend	ed the deceased fram	1 — 19 — , 19 t death occurred at <u>S</u>	67, ta 3-24 1367M, fram couses	ond on the dote s	(I) (we) la: toted obov
d with	220. SIGNATURE	Valle Ce	IM corpre	D. PHYS. LY D	NED STAFF IRECTOR PHYS.	22b. DATE SIGNED 3 - 25-	67
should be filed	22c. PHYSICIAN'S NAME (Type) CES	AR VALLE	CAVERO	22d. ADDRESS 8629 L	beaty Ro	e	
2	30. BURIAL, CREMATION, 2 BENOVAL (Specify)	35. DATE THEREOF 3-29-67	23c NAME OF CEMETERY OR Baltimore		23d. LOCATION (City or To		(Stote)
11/1/	24. FUNERAL DIRECTOR		ADDRESS	2Sa REC'D	BY REGISTRAR 256 RE	G STRAR'S SIGNATURE	1.0
1	Charles R. Law	802 Madison	Ave., Balto.,	Ma. DATEMAS	27 1967	markey for	was.





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03158 on papers. Pages 1 and 2 within 72 hours after death signed by the attending physician and campletely filled in by the fureral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution PLACE OF DEATH O. GOUNTY TIMORE o. STATE b. COUNTY BALTIMORE MARYLAND law requires that the death certificate be executed within 24 haurs after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate imits, BACTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON SPATNU GROVE STATE YES NO D NAME OF 4. DATE Doy Year DECEASED (Type or print) OF DEATH PAULINE 24 1967 IF UNDER 1 YEAR IF LINDER 24 HRS. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Hours 8-23-1882 DIVORCED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1. BIRTHPLACE (County & State, or foreign country) COUNTRY 2 during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM! CORNELIUS SCHULTE 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? ZONE-Z (Yes, no, or unknown) (If yes give wor or dates of service HOWARD B. STOCKSDALE- ZE-LEXINGTON-ST. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter on y one couse per fine for (o), (b), and (c) ) PART I DEATH WAS CAUSED BY MYOCHARDIAL INFARTION IMMEDIATE CAUSE (6) DUE TO YEARS GENERAZIZED ARTERIOSCHEROSIS Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been use as the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO [ ģ 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INDURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED (City or town) (County) factory, street, office bldg , etc.) Hour o.m Not While at work 21 I certify that (I) (this hospital) attended the deceased from. 3-24, 1961, that (1) (we) last 3-9, 1959, ta 3 - 2 4 1967, and that deoth occurred at 8.30 PM, from causes and an the date stated above saw the deceased alive an\_ 22a SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. 22d ADDRESS 22c. PHYSICIAN'S SPRING GROVE STATE HOSPITAL NAME (TYPE) ROLANDO 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) CEDAR HILL 256 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DMAR 2



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o. COUNTY P.M3 Depart farm YES Item 18. Give Pages 24 hours ofter death Office alang with DATE Doy DECEASED DF DEATH F UNDER 1 YEAR Months Days any event within 72 hours after death. DIVORCED 12 CITIZEN OF WHAT MOTHER'S MAIDEN NAMI pencil WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. certificate shauld be executed (If yes give was or dates of service the Chief Medical 18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. HEART ISEASE RTERIOSCLEROTIC MMED ATE CAUSE (o) DUE TO Conditions, if ony, which gove ) (b) rise to immediate couse (a), farwarded ta DUE TO stating the underlying cause and 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) removal, NO 20o EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH crematian, MEDICAL 20f (City or town) 20c TIME OF NURY Month, Day Year 20d NaURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) Hour om. factory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page of work ot work 21 1 certify that I took charge of the remains described above, neld an Autopsy X, Inspection . Inqu'ry . and in my opinion agoth resulted from Notural causes Su cide [], Hom cide Undetermined manner Accident CHIEF MEDICAL EXAMINER [X] ACTUAL 22 DATE SIGNED TO FUNERAL DI Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4-1-67 RUSSELL S. FISHER, M.D. NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 250 REC'D BY REGISTRAR 2Sb VR A15ME (5) 6M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03161 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03152 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased leved, if institution. Residence before admission) a. (NY) timore 2, and Page o. STATE b. COUNTY Baltimore State Department of MARYLAND Mary land delay b CITY OR TOWN (If autside carparate imits, r LENGTH OF STAY IN 15 c CITY OR TOWN (if guiside corporate limits, write RURA, and give nearest town) write Rt RAL and g va nearest town) Kostolala MR > & NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Ch'ef Medical Examiner's Office along with farm 370 Choptank Avenue 370 Choptank Avenue in Item 18. Give Pages YES FI NO F be executed within 24 haurs after death NAME OF Middle 4 DATE First Manth Day Year DECEASED 8 GEORGE BURKHART 6 19 67 (Type or print) DEATH SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Z MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Dovs Haurs WIDOWED DIVORCED Male White pages land 10g LSUAL OCCUPATION (Give kind of work dame TOP KIND OF BUSINESS OR BIRTHPLACE (State or fareign cauntry) 12 CITIZEN OF WHAT during root af warking life, even if retired) COUNTRY ? **AINDUSTRY** within 72 hours after ano -arm tor NURY 13. FATHER S N ME pencl 14. MOTHER'S MAIDEN NAME Burkhauser o sephine "pending" in IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. I (Yes, na, or unknown) (If yes give war ar dates of service) nu now 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit event PART I DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic cardiovascular disease .MMEDIATE CAUSE (a) writing the ward This certificate shauld DUE TO the any Canditians, if any, which gave 3 (b) forwarded ta rise ta immediate cause (o). = DUE TO stating the underlying cause 0 used PART I.. OTHER SIGN.F.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? ar removal, the certificate, NO K YES pe I pe 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Part I or Part II of item 18.) 3 shauld shauld t PRIMARY - or CONTRIBUTING -CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, form, (City or town) (Caunty) Haur a.m. factory, street, office bldg., etc.) Not While please execute at wark 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry . DIRECTOR: ond in my opn on death resulted from. Noturol couses XX funeral directar, Accident Suicide | | Homicide 1 Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X prior SIGNATURE FUNERAL I 3-6-67 necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) Address (Street, city, town, or county) WERNER SPITZ. 230 BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d STAT ON (C ty ar Tawn) PEMOVAL (Specify) REC D BY REGISTRAR FUNERAL DIRECTOR ADDRESS VR A15ME (5) 39 CO 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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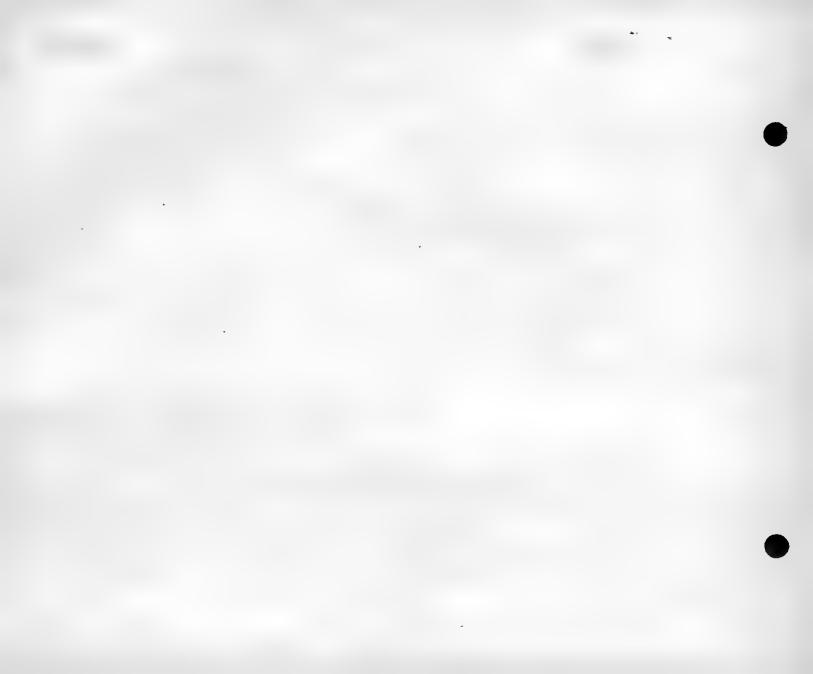
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY b. CITY DR TOWN (if outside corporate ilmits, write RURAL and give nearest town) Balto MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 15 þ hours Parkville arkville Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? filled Iding physician and completely filled Then please remove carbon paper removal, and in any event, within 72 Joppa Rd. Joppa Rd. YES V ND executed within NAME DE Month Year First Middle Last DECEASED 1967 DEATH (Type or print) March Burton AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. CDLDR DR'RAGE DATE OF BIRTH 9. NEVER MARRIED last birthday) | Months | Days Ноига 18 WIDDWED X DIVORCED ( 1Da. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) US A Maryland Farmer Ret. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Kirkendell Burton Benjamin 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) \ (If yes nive war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY ND. Address lam been simmed by the attempt as the burial-transit permit. death 220-44-6164 Family records No INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line/for (a), (b), and (c),] DNSET AND DEATH there solvotre Carli Vanday D PART I. DEATH WAS CAUSED BY: accent the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? **c**mrtificate YES NO Z 2Da. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of F MEDICAL (County) 2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) be de State Hour a.m. DIRECTOR: After age 3 should be dilied with the State Not While be retained by at work L at work p.m. 7-1966 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at Lab M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE page ATTENDING DIRECTOR M.D. FUNERAL ADDRESS PHYSICIAN'S director, p should be t NAME (Type) Belair BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMDYAL (Specify) 9 Balto 18 Parkwood Cem Co Md Buria 76 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR VR A15 (4) Harford rd. 8802 SON .F.EVANS 15M 4-64



1	Division of STATISTICAL RES	MARYLAND STATE DEP EARCH AND RECORDS, 301	'ARTMENT OF HEALTH W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201
	03164	CERTIFICATE	OF DEATH	03155
requires that the death certificate be executed within 24 hours after death a signed by the attending physician and completely filled in by the funerale burial-transit permit. Then please remove carban papers. Pages 1 and a burial, crematian, or removal, and in any event, within 72 hours after death	1. PLACE OF DEATH  a COUNTY  Baltimore	MARYLAND	2 USUAL RESIDENCE (Where deceased live o. STATE  Maryland	ed, if institut an Res dence before admission) b. COUNTY
cuted within 24 hours after ampletely filled in by the twe carban papers. Pages event, within 72 hours after a second and a second a second and a second a second and a second a second and	b. (ITY OR TOWN (1) outside corparate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit  Hyde	its, write RURAL and give neorest tawn)
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hin 3 fille thin	St.Joseph Hospital	Middle	Bottom Road	Month Day Year
completely filled to ye event, within 74 event, within 77	OFCEASED (Type or print) Thomas	Martin	Byrne DEATH	March 20, 19 67
execute ma comp emove only eve	S SEX 6 COLOR OR RACE 7 MARRIER  Male White WIDOWER			(In years brithday) Months Doys Haurs Min.
ond in op	during most of working ife, even if retired)	KIND OF BUSINESS OR INDUSTRY Vd E. Mitchell	11 BIRTHPLACE (County & State, or foreign of Baltimore, Md.	ountry) 12 (IUZEN OE WHAT
ertificate b physklan plegre noval, and 1	13. FATHER'S NAMES FRANK BO	IRNE	14 MOTHER'S MAIDEN NAME  SALL	KIJJ
death tending mit. T	IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service)	5 SOCIAL SECURITY NO. 17 IN	nomas Burn	Address
equires that the death certific physician. signed by the attending phys burial-transit permit. Then p	18. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ru	or (0), (b), ond (c))  ptured abdominal	7	INTERVAL BETWEEN ONSET AND DEATH
equires tha physician. signed by burial-tran burial, cren	Gonditions, if ony, which gove 1 (b)			
w requing phing ph	rise to immediate couse (a), stating the underlying couse lost.			
The law requires the attending physician, has been signed by se as the burial-traith prior ta burial, cre	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDITION GIVEN IN P	PERFORMED?
or use	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (E	nter nature af injury in Part I or Part II of	YES NO (24)
by the haspital by the haspital fler this certificate de detached fa	20c. TIME OF INJURY Month, Day, Year Hour a.m. Whi	ile 🦳 Not While 🦳 📗 factar	OF INJURY (Hame, farm, 201 (City ry, street, office bldg., etc.)	or town) (Caunty) (State)
OR ATTENDING be retained by th NRECTOR: After 1 e 3 shauld be d ed with the State	21. I certify that (1) (this haspital) atte	nded the deceased fram	March 20 19 67, pm	March 20, 19 67 that (I) (we) las
ATTEN stained TOR: shauld ith the	saw the deceased alive an March 22a SIGNATURE	20 \$ 19.67, and that		22b. DATE SIGNED
DIREC	Welman Us 22c. PHYSICIAN'S	entim MD.	ATTENDING MED. PHYS. DIRECTOR DIRECTOR DIRECTOR	STAFF PHYS. Se March 20,1967
PITAL I may ERAL ar, pa	NAME(Type) Melencio Ventu	ra M.D.	7620 York Road, To	owson 21204, Md.
O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	230 BURIAL (REMATION, 23b. DATE THEREOF 3-24-1967	MORCHAN A MI	emorial B.	(City or Town) (County) (Stote)
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR ChAS. T. EVANS + SON 8802	HARTURY RO	MAR 2 2 1967	25b REGISTRAR'S SIGNATURE  ACLIANCES JUNGE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03165 CERTIFICATE OF DEATH within 24 hours after death SEP HIPPHICOPHE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY **b** COUNTY MARYLAND rely filled in by the from papers. Pages , within 72 hours afte C LENGTH OF STAY IN 16 extside corporate limits € CITY outside carparate limits, write RURAL and give nearest town) HOSPITAL OR ANST TUTION (If not in hospital, give street/oddress) S RESIDENCE ON A FARM? NAME OF DECEASED Middle Metely buriol, cremotion, or removal, and in any event, (Type or print) DEATH COLOR OR RACE 7 MARRIED **NEVER MARRIED** IF UNDER hirthdoy) Months Doys Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT that the deoth certificate be during most of working life, even if retired 13 FATHER S NAMI 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address (Yes-no, grunknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o) PART I DEATH WAS CAUSED BY. DUE TO Conditions, if ony, which gove (b) nse to immediate couse (a), DUE TO stoting the underlying couse of Health prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPS' PERFORMED? use YES 🗔 NO 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bidg , etc.) O HOSPITAL OR ATTENDING et work 21. I certify that (I) (this haspital) attended the deceased fram Janis 19 67, and that death accurred at 4 A M, fram causes and an the date stated above DIRECTOR: saw the deceased alive an 220 SIGNATURE MED DIRECTOR M.D. PHYS director, page should be filed 22d ADDRESS 22c PHYSICIAN S TO FUNERAL NAME (Type) BUR AL, CREMAT ON. REMOVAL (Specify) 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edimission) a. COUNTY b. COUNTY Bel timore Raltimore MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Reisterstown Reisterstown veers d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) IS RESIDENCE ON A FARM 1 Reisterstown Road Reisterstown Rd. YES NO P completely 3. NAME OF M.ddie DATE DECEASED (Type or print) DEATH 1967 Edna Marcell Caples Merch B. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR ] IF UNDER 24 HRS. last birthday) | Months and Femele WIDOWED [ DIVORCED I 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or fare an country! 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
HOUSEWITE Georgia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Coneland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) Mr.V. Talbott Caples, Reisterstown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cirrhosis of liver 2 VIS. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata cause DUE TO (a), stelling the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury on Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stele) Month, Day, Yeer fectory, street, office bldg., etc. Not While Hour a.m. While et work 3-20-67 \_\_\_\_\_\_, and that death occurred at 7A M, from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. FUNERAI 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) D. D. Caples, M. D. Hanover Rd., Reisterstown, Md. 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 1 23b direct be file REMOVAL (Specify) Pikesville. Maryland Druid Ridge Cometery 0 25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR'S SIGNATUR ADDRESS VR A15 15M 7-62



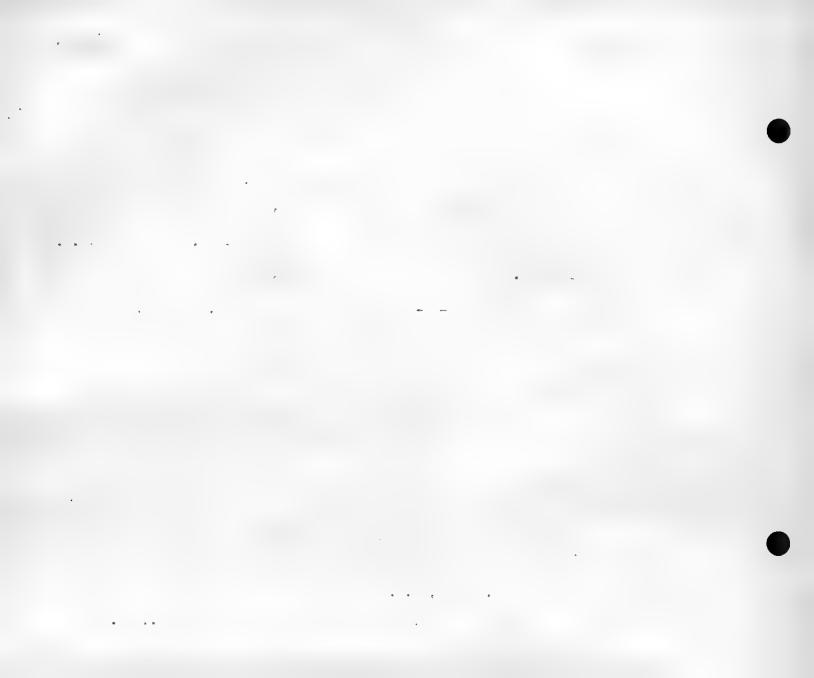


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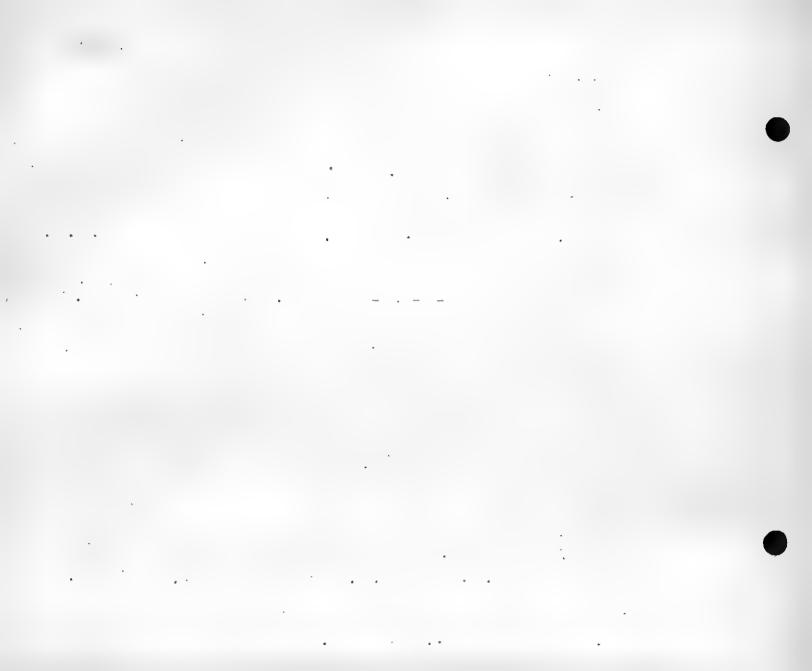
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 ar death. Inurs after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY hours Ξ stefy filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, e. IS RESIDENCE ON A FARM? d. STREET ADORESS give street address YES NO DO completely i mecuted within 3. NAME OF Middle Last DATE Month Day Year DECEASED r and complet remove carb n any event, v (Type or print) DEATH arch ISLENSEA 196 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. SEX 6. COLOR OR DATE OF BIRTH 7. MARRIEO NEVER MARRIED birthday) Months Days Hours WIDOWED DIVORCED physician a 10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 12. 9 during most of working life, even if retired) INDUSTRY The law requirem that the meath certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova S signed by the attending, urial-transit permit. The urial, cremation, or remove 15. WAS DECEASED 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes hive war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only QNSET AND DEATH PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr DUE TO Cenditions, If any, which rise to immediate **OUE TO** cause (a), stating the prior underlying cause last. 93 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED for use Health PERFORMED? certificate YES T NO F 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) H VS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) tached for Jept. of J MEDICAL 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (State) 2Dc. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) be de State I Hour a.m. While Not While Should be d be retained by t p.m. 19 at work at work to March JON. 16 21. I certify that (1) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 4.30 AM. from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED SIGNATURE 22b. page **ATTENDING** MED, DIRECTOR checo M.O. PHYS. PHYS. TO MOSPITAL Page 4 may FUNERAL PHYSICIAN'S NAME (Type) ADDRESS director, p should be 22d. ONSO (en edical BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 Baltimore, Md. Baltimore National Cemetery Burial 3/16/67 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADOR ESS REC'D BY REGISTRAR Hubbard Funeral Home 4107 Wilkens Ave. 2124 VR A15 (4) 20M 1/65

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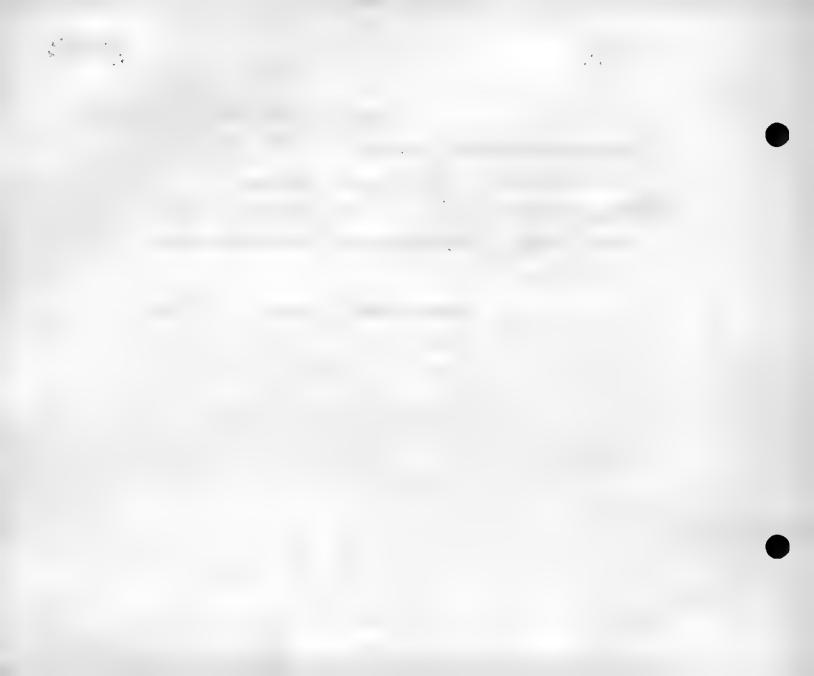
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03161 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 03170 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) BALTIMORE Maryland 0 MARYLAND Pop delay ond 3 s b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h Departme 2, ond PM3. write RURAL and give negrest lawn) Baltimore d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not an haspital give street address) B IS RESIDENCE word "pending" in pencil in Item 18. Give Poges 1, the Chief Mildicol Exominer's Office along with form ON A FARM? ST. JOSEPH'S HOSPITAL 428 Folcroft 21224 □ NO YES be executed within 24 hours ofter death NAME OF FHEST Middle Lost 4 DATE Month Year DECEASED he CLEAVER, Jr 3 20 19 67 LEWIS (Type or print) DEATH S SEX 8 DATE OF BIRTH IF UNDER 24 HRS 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED TO June 17, 1942 birthday) Months Haurs Days 3 event within 72 hours ofter death. DIVORCED Male White WIDOWED File poges 1 and 2 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. Baltimore, Md. Engineer State Roads 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Lewis Cleaver Sr. Ethel Wiegand 15 WAS DECEASED EVER IN US ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates af service) 17 INFORMANT Address 16 SOCIAL SECURITY NO permit. 216-42-7884 Lewis Cleaver Sr., Father, above no NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART 1. DEATH WAS CAUSED BY ONSET AND DEATH Massive internal bleeding MMEDIATE CAUSE (o) writing the word This certificate should DUE TO λUO Conditions, if any, which gave Laceration of spleen and lungs the certificate, writing the 4 should be forwarded to rise to immediate cause (a), <u>\_</u> DUE TO stating the underlying cause gnd mst used PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) WAS AUTOPSY PERFORMED? removal, CERT FICATION YES X Fatty alteration of liver NO pe 20g EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of Item 18.) 0 ō 3 shou MEDICAL EXAMINER: Driver involved in three car accident CAUSE OF DEATH. files cremotian, CAL. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) 20c T ME OF INJURY Month, Day, Year MED foctory, street, office bldg, etc.)
Beltway YOUR Page Nat While 3 - 20167 at work XX 4:50 Baltimore Md. Balto. at work pleose execute 21. I certify that I took charge of the remains described above, held an Autapsy X. and in my apinian nspection Inguity | DIRECTOR: death resulted fram-Natural causes , Accident X Suicide Hamic'de Undetermined monner funeral director retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE moy be re FUNERAL I þe 3 - 21 - 67DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, lawn, ar county) NAME (Type) WERNER U. SPITZ, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION 23b DATE THEREOF 0 Burial (Specify) 3/2山/67 Gardens of Faith Cemetery Balto. Md. 24 FUNERAL DIRECTOR Schimunek Funeral Home 3331 Brehms Lane #13 256 REGISTRAR S SIGNATURE **ADDRESS** 250 REC D BY REGISTRAR VR A15ME (5 6M 1/67



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death.	l ear	i.	PLACE OF DEATI 2. COUNTY_	н				2. USUAL RESIDEN	CE (Where deceases	lived, If institu	ition: Residence	before admission)
e e	3///		Bal	ltimore		MARYLAN	ND	a. STATE Mar	yland	b. COUNTY	Baltimon	re
- 50	s at		b. CITY OR TOW write RURAL	N (If outside corpo and give nearest i	rate limits,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (II		te limits, write	KOUVE and Ris	e nearest town)
hours d in by rs. Pa	Joer		Dur	ndalk		33 Years		Dundal			12-1	. IS RESIDENCE
<b>- 으</b> 함	72		`		· ·	hospital, give street addr	ress)	d. STREET ADDRESS		۵		ON A FARM?
	Mite.	5	NAME OF	Broadship	First	Middle		Last	ship Roa	Month	0ay	Year
rted within completely ve carbon	<u>,,,</u>	Ţ.	DECEASED (Type or print)	Jo	hn	J		Coburn	OF DEATH	March	16	1967
	event,		SEX	6. COLOR DR RAC		NEVER MARRIED	1 8	. OATE OF BIRTH				IF UNDER 24 HRS.
executed and com remove c	any	k	als	White	MIOOME	DIVORCEO	51	10/2/84	82	yrs.	onths Days	Hours   Min.
be e) cian a	<u>=</u>	10a dur	USUAL OCCUPAT	FION (Give kind of wo	ork done   10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (C		oreign country)	COUNTRY U. S.	OF WHAT
.= :3	, and	F	etired-	Gen. Fore	man   Be	thlehem Stee	1 C	d. Penns	ylvania		U. S.	. A.
certificate nding phys	removal	13.	Thomas						Finnerty			
ndin Th	rem	15.	WAS DECEASED	EVER IN U.S. ARMED	FORCES?   16	S. SOCIAL SECURITY NO.	17.	INFORMANT (Son)		Address	Marylar	id, 21222
death certifi le attending   permit. Ther	n, or	(Ye	s, ne, er unkewn) No	{ If yes give war or dat	es of service) 2:	13-07-6938-A	Wi	lliam L. Co	burn, 56			
	atio	-	18. CAUSE OF	DEATH (Enter only	one cause per	line (a), (b), and (c).]	]	0 - 1	-		INTE	RVAL BETWEEN
that the ysician.	crem		PART I. O	EATH WAS CAUSED IMMEDIATE CAU	BY: ISE (a)	Culled	<u>_</u>	accide	W -			TIRS.
tha sici gnec ial-tu	<u></u>		410		UE TO	Doniel To	,					
Present of the second	por c		Conditions, if gave rise to	immediate	(b)	remay		/ 3				
required nding	5		cause (a), s underlying caus	tating the	UE TO (a)	77-5-C	-V.	Vise.	135-e		-	
(C)								RT 1(a) 19.	WAS AUTOPSY PERFORMED?			
The land or at ficate hor use	lealt X	ICAT										з □ но 🔀
<b>三大田田</b>	<b>4</b>	CERTIFICATION	20a, ACCIDENT OR CONTRIBUT	WAS UNDERLYING ING ☐ CAUSE OF D TIFY MEDICAL EXA	EATH 20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	f injury in Part I	or Part II of I	tem 18.)	
PHYSICIA the hospi this cer detached	ept.			INJURY Month, Da	F	INJURY OCCURRED   200	PI A	CE OF INJURY (Home, f	arm, 20f. (City	or town)	(County)	(State)
		MEDICAL	Hour a.	m.	Whil	e - Not While -	facto	ry, street, office bldg.,	etc.)	. / .	(	,
After d by	Sta	M			19 at wo	ded the deceased from	mXI	16/67	IA. to	1/6/1-	719 tl	nat (I) (we) last
TEN taine 10R:	후			ceased alive on.	8/16/			death occurred at	39/M, from	the causes an	d on the dat	e stated above.
R AT e ret RECT 3 sl			22a. SIGNATO			1/		ATTENOING	MED.	STAFF -	22b. DATE SI	
TAL OR may be tal OIR!	ije ije		22c. PHYSICI	ANZS	) avi	W,	M.0	PHYS. 2	DIRECTOR	PHYS.	3/17/	01
PITA 4 m	1 be		NAME (T	Tanana San	n B. Da	vis M. I	D.	6800 Morn	ington Re	Dunda	lk, Md.	21222
TO HOSPITAL Page 4 may TO FUNERAL (director, ba)	should be	238	BURIAL, CRES	MATION, 23b. DA	TE THEREOF	23c. NAME OF CEM	ETERY			ION (City, town	-	(State)
5 5	200		Burlal	1 2/2	0/67		emo	rial Cemete				Maryland
	R	24	, FUNERAL DIR		०० हाई ० -	ADDRESS Ave. Dundalk	. 14	1.513.13	2 0 1967	R 25b REG	ISTRAR'S SIGN	HIUKE HELD
VR 415 /4	0		AOITH OF	Duda, 176	C MT26	AAR DalidaTk	- J IV	DATE	~ 0001	1/	1	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03172 CERTIFICATE OF DEATH law requires that the death certificate be emecuted within 24 hours after dmath o. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) MARYLAND h CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate l'mits, write RURAL and give regrest taw More RURAL and give nearest town) MOR NAME OF HOSPITAL OR INSTRUTION (If not in hospital, give street address) CENTUR d STREET ADDRESS IS RESIDENCE ON A FARM? NO X NAME OF DATE Year DECEASED OF DEATH e hemove carbi AGE (In years IF UNDER I YEAR 7. MARRIED DATE OF BIRTH IF UNDER 24 HR lost birthdoy) Months Doys WIDOWED DIVORCED 106 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working ife, even if ret, ed) or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed burial t burial, a CLEROTIC CARDIOVASCULAR Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 moy be retained by the hospital or ottending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS hos PERFOR MED? MELLITUS NO 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port If of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While Hour o.m. foctory, street, office bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased from 19.67 to 19.67, that (I) (we) last 1967, and that death accurred at 1035 M, fram causes and on the date stated above saw the deceased alive an \_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING director, poge 3 should be filed v M.D PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S GBMC NAME (Type) NAME OF CEMETERY OR CREMATORY 230 BURJAL CREMATION. 23b DATE THEREOI (County) (Stote) REMOVAL (Specify) EVERGREEN /IEMI 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR **ADDRESS** VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03173 03164 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institut an Residence before admission) b. COUNTY MARYLAND filled in by the popers Pages thin 72 hours after c. CITY OR TOWN (If Juiside carparate limits, write RURAL and give nearest fawn)

Baltimore 21204 b CITY OR TOWN (If autside carparate limits, E LENGTH OF STAY IN 16 d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS e IS RESIDEN ON A FARM filled Road NAME OF remove carbon DATE Month. Day completely DECEASED OF. event, (Type or print) DEATH 19 S SEX 6. COLOR OR/RACE 7. MARRIED E UNDER IF JNDER 24 HI NEVER MARRIED (In years Months Haurs Days ) no WIDOWED DIVORCED pub TO USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT and in during most of working life, even if retired) ANDUSTRY -LOUN FATHER'S NAME 14 MOLHER'S MAIDEN NAME or removol, Correlli ottending poermit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no grunknown) (if yes give wor or dates of service) signed by the offer burial-transit perm burial, cremotion, o putation No 18. CAUSE OF DEATH (Enter only one couse per age for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 moy be retained by the hospital or attending physicion. DUE TO Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying cause After this certificate has been be defoched for use as the State Dept. af Health prior to last PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (g) 19 WAS AUTOPSY PERFORMED? YES 🗸 NO 20a ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m factory, street, affice bldg., etc.) Not While ot wark at work 196 to March 21. I certify that (1) (this hospital) attended the deceased fram saw the deceased office on New 20 19 6 1, and that death occurred of 4 m M, from causes and an the date stated above FUNERAL DIRECTOR: 220 SIGNATURI 226 DATE S GNED MED DIRECTOR Millurga 6 director, page 3 should be filed v MID PHYS GBMC 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) 23g BURIAL, CREMATION, (State) Dulaney Valley Cemetery REMOVAL (Specify) Baltimore, Md. Ruck, Inc. Balto Md. 21214 2Sb REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Clearley 1987

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 03165 03174 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY BALTIMORE BALTTMORE MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits write RURAL and give nearest tawn) write RURAL and give nearest town)
FORT HOWARD 5h DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 33 LOCUST DRIVE I NO I NAME OF and completely f First Lost 4. DATE **Aeat** DECEASED JAMES COYLE 1967 MARCH IEO (Type or print) DEATH 8 DATE OF BIRTH IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED 9. AGE (In years 64 yrs. Months Hours FEBRUARY 7, 1903 WHITE MALE WIDOWED DIVORCED 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 17 BiRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) BALTIMORE, MARYLAND STATE OF MD. INSPECTOR 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY MULLEN JOHN COYLE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service) 212 03 93 85 CLINICAL RECORDS FORT HOWARD, MARYLAND YES 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART DEATH WAS CAUSED BY PULMONARY EDEMA INTERVAL BETWEEN RECEIND DEATH IMMEDIATE CAUSE (o) MICH BRONCHOPNEUMONIA RECENT Conditions, if any, which gove rise to immed ofe couse (a). ARTERIOSCIEROTIC HEART DISEASE WITH MURAL stoting the underlying couse THROMBOSIS UNKNOWN hos been AND SILENIC LITTARCES PERFORMED?
YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injusy in Port 1 or Port II of Item 18.) OR CONTRIBUTING TICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INLIRY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) 21. I certify that () (this haspital) attended the deceased from JAN. 11, 19, 67, to MARCH 6, 19, 67, that () (we) lost saw the deceased alive an MARCH 6, 19, 67, and that death accurred at 1154 M, from causes and an the date stated above. saw the deceased alive on MARCH 6. 220 SIGNATURE 22b DATE SIGNED STAFF PHYS ATTENDING MED DIRECTOR 3/6/67 X director, page 3 should be filed v VAH FORT HOWARD, MARYLAND 22c PHYSICIAN'S PEFER V. JUVAN, M. D. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) BURIAL (Specify) NEW CATHERAL CEMETERY BALTIMORE, MARYLAND MAR 9 190 24 FUNERA. DIRECTOR FARTEY CAVANAUGH Llas FLED. AVE 212 TO BALTIMORE FUNERAL HOME



1	1	1		AND STATE DEPARTMENT OF HEALTH IS 301 W PRESTON STREET RAITIMORE MARYLAN	D 21201
\$	AX	A CONTRACTOR OF THE PARTY OF TH	03175 Item #12 Film	CERTIFICATE OF DEATH	03166
	requires that the death certificate be executed within 24 hours after death g physic on a signed by the attending physician completely filled in by the funeral e buriol transit permit. Then please temove corban papers. Pages 1,000 o burial, cremation, or removal, each nony event, within 72 hours after death.	-	PLACE OF DEATH  O. COUNTY BALTIMORE  LETY OR TOWN (if outside corporate limits, c LEN	MARYLAND O. STATE MARYLAND	b COUNTY The Residence before admission
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	cate be executed within 24 hours after signal and completely filled in by the further bose remove corban papers. Pages 1 send in ony event, within 72 hours affer.		NAME OF DECEASED (Type or pont)  SEX 6, COLOR OR RACE 7, MARRIED 52 N	Middle Last 4 DATE OF DEATH  VEVER MARRIED 1 8 DATE OF BIRTH 19 AGE	Month Doy Year 7 19 5 7 19 6 7 11 11 11 11 11 11 11 11 11 11 11 11 1
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	he death certifi attending phy permit Then inn, or removo	=	Yes, no, ar unknown) (If yes give wor or dotes of service) 215—	03-739-A PATIENTS	ChARL
	that thon on by the ronsit cremati		TR. CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)	Fulmonary Sdema	INTERVAL BETWEEN ONSET AND DEATH
	SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certify 4 may be retained by the hospital or attending physicion VERAL DIRECTOR: After this certificate has been signed by the attending physor, page 3 should be detached for use as the buriol transit permit. Then it does not the State Dept. of Health prior to burial, cremation, or removal		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	shive Heart Failure + Moser Tobe Puenn	onia
	D HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending 5 FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	(C)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	YES NO
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	TTENDI ained b OR: Aft nou d b h the St			e deceased fram March 15, 1967 to M 1967, and that death accurred and 5 PM, from	m couses and an the dote stated above.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Poge 4 may be retained by the hospital or atte TO FUNERAL DIRECTOR: After this certificate hos director, page 3 should be detacted for use a should be filed with the State Dept. of Health p		22a SIGNATURE  22c PHYSICIANS  22c PHYSICIANS	M.D ATTENDING MED DIRECTOR DIR	STAFF PHYS March 15,1967
	OSPITA B 4 PPO INERAL ctor, p		NAME (Type) MUNUEL A. GC	MGOIY SD. MC-CK	A (City or Town) (Caunty) (State)
	F-5		REMOVAL (Specify) 3/20/67 Ho	ADDRESS   250 REC'D BY REGISTRAR	
	VR A15 (4) 25M 1/67		John C Miller Inc 641:	5- Belair Rd. MAR 27 1967	y clearles Judge

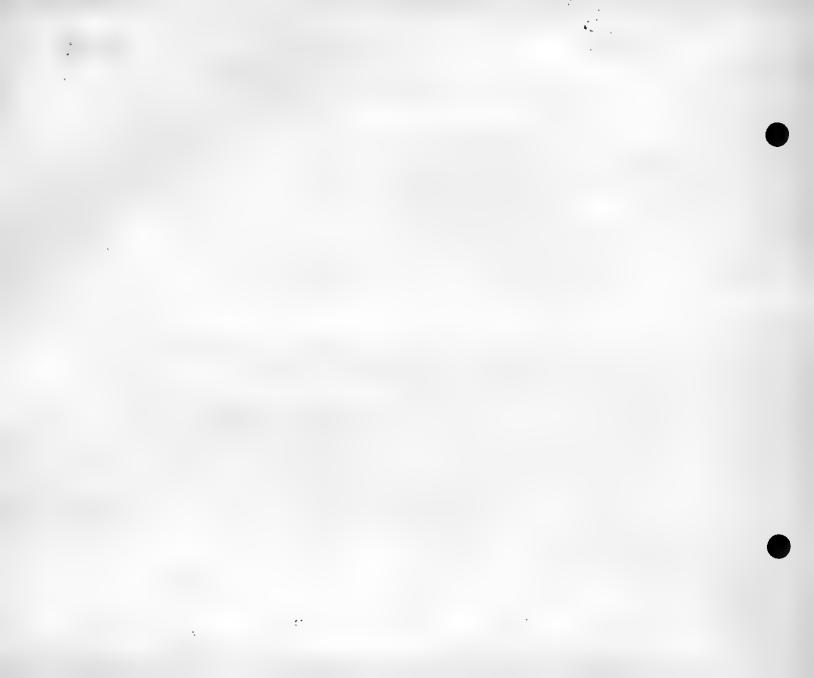


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o COUNTY Baltimore o. STATE Md. b. COUNTY and 3 ta Page Baltimore MARYLAND b CITY OR TOWN (If autside carparate mits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outs de corparate limits, write RJRAL and give negrest town) write RURAL and give nearest tawn) Baltimore 21234 havrs after owson IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 8742 Lackawanna Ave. DOA-St. Joseph's Hospital NO P Item 18. Give Pages YES | ate haurs after death First Middle 4 DATE 3 NAME OF Lost Month Doy Year DECEASED March 1967. R. Vavennort within (Type or print) DEATH IF UNDER 1 YEAR 6 COLOR OR RACE 9 AGE (In years IF UNDER 24 HRS S SEX B. DATE OF BIRTH 7 MARRIED NEVER MARRIED get girthday) Months Days Hours White December 4,1919 Female WIDOWED DIVORCED and 2 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 11. BIRTHPLACE (State or foreign country)
Maryland 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? USA pending" in pencil in ef Medical Examiner's pages 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within Lawrence J. Franz Margaret Kelly a Ē IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ocunknawn) (If yes give war ar dates of service 212-01-2902 Mr. William H. Davenport (Same) ar remayal. 18. CAUSE OF DEATH (Enter only one couse per line search PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN DISET AND DEATH burnal-transit IMMEDIATE CAUSE (o) This certificate shauld e, writing the ward farwarded ta the Cl crematian, DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause used as burial, a PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NIPART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 5 may be returned 5. FUNERAL DIRECTOR: Page 3 Health or its designated agen Not While foctory, street, office bldg, etc.) at work 2) I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Inquiry the funeral director death resulted-fram. Natural causes 🖅 Accident Suicide Ham cide Undetermined manner CHIEF MEDICAL EXAMINER 22/ DATE SIGNED RSSISTANT MEDICAL EXAMINER SIGNATURE, TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles F.O'Donnell, 1.D. 5 may TO FUNE Health Address (Street, city, tawn, or county) NAME (Type) 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d LOCATION (City or Town) 23b DATE THEREOF Lorraine Park Cemetery REMBYAL (Specify) 3/13/67. Baltimore. Md. ADDRESS 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR ATSME (5) Ruck, Inc. Balto. Md. 21214

MARYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03177 CERTIFICATE OF DEATH funeral 1 and 2 ter death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Res dence before odmission) b COUNTY Baltimore p. COUNTY o. STATE Baltimore tely filled in by the fundation papers. Pages 1 c within 72 hours after d Maryland MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk Dimdalk d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 2917 Dunmurry Road 2917 Dunmurry Road NO TA YES | NAME OF Middle 4. DATE First Lost Month Year Day DECEASED CHARLES March 23. W. DAVIS attending physician and compre-67 19 (Type or print) DEATH S SEX 6 COLOR OR RACE AGE (in years IF UNDER I YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED B. DATE OF BIRTH birthdoy) Months Male White Feb. 12, 1906 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT U.S.A. INDUSTRY Steel Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Ernest R. Davis Mary D. Rust 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service Mrs. Barbara Davis. 2917 Dunmurry Road INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (d). signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH melicalnic IMMEDIATE CAUSE (o) by the hospital or attending physician. 16001 DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN, IN 200 DESCRIBE HOW INJURY OCCURRED, (Enter notice of injury in Port I or Port II of item 18.) 2Do ACCIDENT WAS HINDERLYING ₹7 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' MEDICAL 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Dov. Year 20d INTURY OCCURRED 20f. (City or fown) (County) (Stote) Hour 'o m. Not While factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from O HOSPITAL OR ATTEND Page 4 may be retained 19 6 and that death accurred at 23° AM, from causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS DIRECTOR PHYS 22d. 22c. PHYSICIAN'S ADDRESS M.D. NAME (Type) 6511 O'Donnell St.. Konkoules 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 230 BUR AL, CREMATION 3/27/67 Moreland Memorial Park Parkville, Md. 24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ullrich Funeral Home Dundalk. Md.





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after death. decom PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the funeral o COUNTY o. STATE **b** COUNTY Baltimore within 72 haurs after MARYLAND Baltimore b CITY OR TOWN (If outside corporate I mits. c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Rural- Randallstown Rural- Randallstown filled in 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Chapel Hill Nursing Home 8931 Liberty Rd NO 🚃 3 NAME OF DATE Doy Year DECEASED (Type or print) 1967 DEATH event. Stanlev Chester IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdov) Months Dovs Hours 6/18/1887 White WIDOWED and in any DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY PHYSICIAN: The law requires that the death certificate Md. U.S.A. etired Owner Bus Service Trans. 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME ar remayal, David Dav Martha Miller 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 2/6-07-98/0/Stanley C. Day Jr.-8931 Liberty Rd. (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY (-arciname IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse the haspital ar attending this certificate has been detached far use as the e Dept. af Health priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) d NO X 20o ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stota) foctory, street, office bldg., etc.) Hour o.m. Not While of work at work FUNERAL DIRECTOR: After 1960, to 3 1962, that (I) (we) las 21. I certify that (1) (this hospital) attended the deceased from M, from causes and an the date stated abave , and that death occurred at saw the deceased alive on 22b. DATE SIGNED 220 SIGNATURE M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Morton Ellin 8629 Liberty Rd. Randallstown, director, should b 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burial (Specify) 3/6/67 Lake View Memorial Carroll Co. 0 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Loring Byers-8728 Liberty Rd. Randallstown, Manager



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03180 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please <u>semaye</u> carbon gapers. Pages I and burial crematian, ar removal, and/n any event, within 72 hours after <u>read</u> PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission, o. COUNTY Maryland b. COUNTY Baltimore MARYI AND b CITY OR TOWN (If outside corporate | mits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 326 East Belevedere St. Joseph Hospital YES NO 3 NAME OF First Middle Last DATE Month Dov Yeor DECEASED THOMAS DEVOY March 16th 1967 WILLTAM (Type or print) DEATH SEX 6 COLOR OR RACE AGE (in years IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS 7, MARR ED **NEVER MARRIED** lost bigndoy) Months April 11th1908 À. Male White WIDOWFD DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired Self Employed INDUSTRY Drivin Baltimore, Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John DeVoy Mary WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 212-03-121 Dorothy DeVoy (Widow) Mrs. C. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar attending After this certificate has been be detached for use as the State Dept. of Health priar ta lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) 20e PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. factory, street, office bldg . etc.) Not While O FUNERAL DIRECTOR: After ot work director, page 3 shauld be should be filed with the Stat 1960 to Myrth 6, 196 / that (1) (we) lost 2). I certify that (1) (this hospital) attended the deceased from Aline 1967 and that death accurred at LOP. M. fram causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b DATE SIGNED ATTENDING M.D. DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS Charles .D N. NAME (Type) 3900 Charles Street 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) P REMOVAL (Specify) 3/20/67 Parkwood Cemetery Balto EUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Home, VR A15 (4) 20 M 1/66



		MARYLAND STATE DEPARTMENT OF HEALTH							
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  12172							
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rior	CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)	TES [] NO [A]						
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Stall Stall		228. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED						
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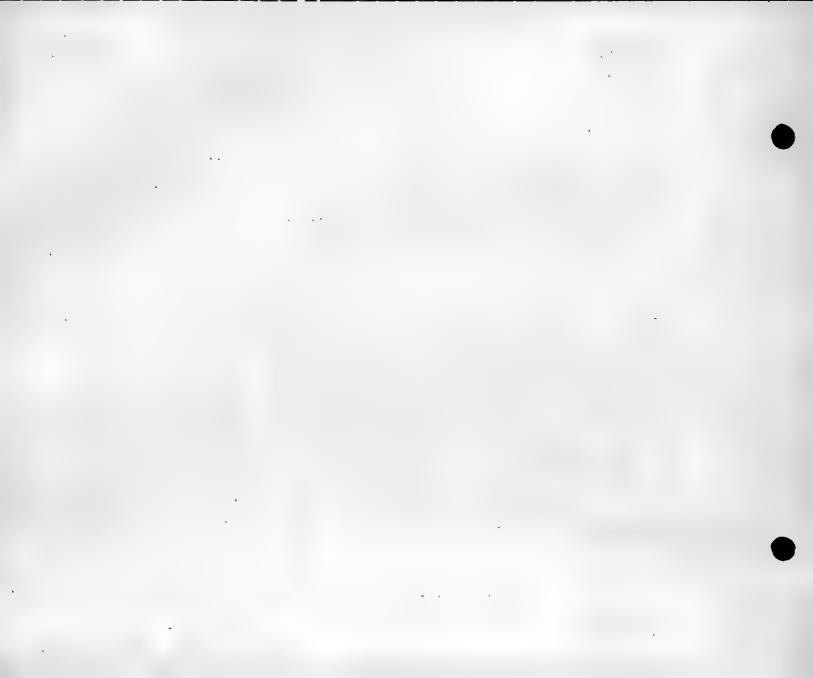
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	haurs aft n by the s. Pages haurs af	_	b CiTY OR TOWN (If outside carporote lim write RURAL and give nearest town)  Rail man C		LENGTH OF STAY IN 16		Y OR TOWN (If auts/de carparate limits, write Balts' more 2/3	RURAL and give to	* *
	within 24 ban pape within 72	3	Spring Grove	STate	Hesp.	23	North Ellwood A	Avenue Manth	e IS RESIDENCE ON A FARM? YES NO (25)  Day Year
	e executed within 24 haurs afte and campletely filled in by the f remave carban papeys. Pages n any event (within 72 haurs afte	5	DECEASED (Type or print)  SEX  6 COLOR OR RACE	7 MARRIED WIDOWED		DATE	OF BIRTH 9. AGE (In year	y) Months D	1/ 19 6 7 EAR IPUNDER 24 HRS OYS Hours Min
	equires that the death certificate be executed very physician. Signed by the attending physician and camplete burial-transit permit. Then please remave carburial, crematian, or removal, and in any event	10a dur	USUAL OCCUPAT ON (Give kind of work don ing most of working life, even if retired)		OF BUSINESS OR	11. BI	- 25 - 82 84 Y IRTHPLACE (County & State, or foreign country)  Mary land Balti	12 CH ZE COUN'	IN OF WHAT TRY?
	certifica g physic Then ple moval, c		FATHER'S NAME OLLIVER W	entwor			other's maiden name Kate HuBB	Bard	
	attending permit. The		WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) (If yes give war ar date:	af service) 2/9	7-54-3092	Sp.	ning Grove	Lieb Lecora	15
	equires that the physician. signed by the burial-transit ground, cremati		IB. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY IMMEDIATE CAUS	(da	rdice Fail	ur	, . '		INTERVAL BETWEEN ONSET AND DEATH
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital ar attending physician.  **IRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e.3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ed with the State Dept. af Health priar to burial, crematian, or removal, and in any event (within 72 haurs after death in the state Dept. at Health priar to burial, crematian, or removal, and in any event (within 72 haurs after death in the state Dept. at Health priar to burial, crematian, or removal, and in any event (within 72 haurs after death in the state Dept. at Health priar to burial, crematian, or removal, and in any event (within 72 haurs after death in the state Dept. at Health priar to burial, crematian, or removal, and in any event (within 72 haurs).		Conditions, if any, which gave	(b) Nea	homliaus	nb	th lea		
	by the hospital ar attending by the hospital ar attending ther this certificate has been be detached far use as the State Dept. af Health priar ta	ATION		CONTRIBUTING TO D	DEATH BUT NOT RELATED TO T	HE TERA	MINAL DISEASE CONDITION GIVEN IN PART 140	))	19. WAS AUTOPSY PERFORMED? YES NO
	PHYSICIAN ne hospital chis certifical etached far Dept. af Hec	AL CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				ature of injury in Part I ar Part II of item 18		
	NING PHYSIC by the hospi fter this cert be detached State Dept. a	MEDICAL	20c TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 15 21 I certify that (I) (this he	While at work	Nat While Gacta	ry, stree	JURY (Home, form, et, affice bldg., etc.)	<u> </u>	
•	OR ATTEND be retained DIRECTOR: Al je 3 shauld i ed with the S		sow the deceased alive on_	3-11	19_67, and that		occurred at MM, from cau	22b. DAJE	
			22c, PHYSICIAN'S NAME (Type) EVELI	of FE	LIPE M.	PH'	TENDING MED. TYS DIRECTOR PHYS. The properties of the physical properties of the physical phy	Ø 3/1/	//4/
	TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be fill	23		HEREOF 1	Bel Air Me		rial Park Bel A	ie Mary	
	VR A15 (4)	24	HENRY SANDER &	SONS INC	C. BALTIMOF	E M	AD. 250 RECD BY REGISTRAP 67 256	A REGISTRAN SOLEM	Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03184 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND filled in by the fun papers. Pages 1 hin 72 hours affer c MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) FORT HOWARD 20 DAYS BALTIMORE e. IS RESIDENCE ON A FARM? d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS filled 32LL MAGNOLIA AVENUE VETERANS ADMINISTRATION HOSPITAL NO D YES NAME OF Middle DATE First Lost Month Doy Year DECEASED MARCH 26 event." CARL HAROLD DIXON 19 DEATH (Type or print) 9 AGE (in years IF UNDER S. SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH last birthday) Months Days Hours FEBRUARY 6. WIDOWED DIVORCED WHITE MALE guid 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN DE WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) U.S. ond WEST HILL, OHIO RESTAURANT COOK 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, MAMIE JENKINS WILLIAM DIXON IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT VA HOSPITAL (Yes, no, ar unknown) (If yes give wor or dates at service) FORT HOWARD, MARYLAND 333 14 96 38 CLINICAL RECORDS YES NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit | burial, cremati ONSKIND WEATH PART I. DEATH WAS CAUSED BY CARCINOMA OF TONGUE & FLOOR OF MOUTH IMMEDIATE CAUSE (o) DUE-TO BRONCHOPNEUMONIA, BILATERAL RECENT Conditions, if any, which gove rise ta immediate cause (a), -DUE-TOstoting the underlying couse the To PULMONARY EDEMA, MARKED, BILATERAL RECENT PART IS DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE YES X NO far us Healt 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY DCCURRED 20e PLACE DF NJURY (Home, form, f( ty or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Hour 10.m. foctory, street, office bldg , etc.) ot work at work 21. I certify that (/) (this hospital) attended the deceased fram MARCH 6 , 1967, ta MARCH 26, 1967, that (/) (we) last sow the deceased give on MARCH 26 , 1967, and that death accurred at 830P M, fram causes and an the date stated above sow the deceased auve on\_ TO FUNERAL DIRECTOR: 22b DATE SIGNED 22a S GNATURE STAFF PHYS. 3/27/67 M.D. MRECTOR 22d ADDRESS O HOSPITAL MILTON GINSBERG, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) directar, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BURTAL, CREMATION, LORRAINE PARK CEMETERY DOGWOOD ROAD, BALTIMORE ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 NORTH & PENNSYLVANIA AVE. BALTIMORE.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03185 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH
o. COUNTY Baltimore o. STATE **b** COUNTY Maryland the attending physicion and campletely filled in by the fue sit permit. Then please remave carbott puppers Pages 1 nation, ar remaval, and in any event within 72 haurs after MARYLAND The law requires that the death certificate be executed within 24 haurs after c CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) LENGTH OF STAY IN 16 Baltimore yrs. WINES MIL'S ( YTS. ) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) B. IS RESIDENCE ON A FARM? d. STREET ADDRESS Rosew od State Hosrital 2430 Etting St. YES NO be 3 NAME OF Middle Lost 4. DATE Month Year DECEASED Phillip March 1957 Alexander Dixon DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthday) Months Dovs WIDOWED DIVORCED 9-16-44 Male Negro 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 RIRTHPLACE (County & Stote, or foreign country) TOO LISUAL OCCUPATION (Give kind of work done COUNTRY? during most of working ite, even if retired) INDUSTRY Baltimore U.S.A. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Ollie Lee Dixon Obadiah Thompson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address signed by the attendir burial-transit (Yes, no, or unknown) (If yes give war or dates of service) Medical Records, Rosewood State Hosp. none TO FUNERAL DIRECTOR: After this certificate has been signed by the attedirector, page 3 should be detached for une as the burial-transit permishauld be lied with the State Diapt, of H≡alth priar to burial, cremation, none INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b),, and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY CATYES IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if only, which gove rise to immediate couse (o), DUE TO stofing the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? iscole. NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) at work ot work ended the deceased fram 3-34 , 1960, to 3-21 , 1967, that 1960 (we) last 1927, and that death accurred at 1927 M, fram causes and an the date stated abave. 21. I certify that (H) (this haspital) attended the deceased fram 3-34. saw the deceased alive an\_\_\_\_\_ 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS ATTENDING DIRECTOR M D 22d. ADDRESS 22c. PHYSICIAN'S Rosewood State Hosp., Owings Mills, Md. NAME (Type) Koppanyi 23d LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specify) 2112111 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 [4 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03178 03186 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COUNTY b. COUNTY BALTIMORE BALTIMORE Maryland MARYIAND b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex Essex d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Give Pages 1, 42 Chandell Road 42 Chandell Read YES NO be executed within 24 hours after death 3 NAME OF 4 DATE (Pronouncied) Middle Lost Year DECEASED DEATH March RALPH DODD 30. 19 67 (Type or print) Office along IF UNDER 1 YEAR F UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BRITH AGE (In years 7 MARR ED T NEVER MARRIED lost birthdov) Manths Dovs Haurs e, writing the word "pending" in pencil in Item 18. farwarded to the Ch ef Medical Examiner's Office of W DOWED DIVORCED Male. White 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign count) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Airplane Mechanic North Carolina
14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Wesley Dodd Lily Justice 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates at service) any event within World War II Yes Mrs. Alma L. Dodd 42 Chandell Rd. Essex.Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Asphyxia IMMEDIATE CAUSE (o) This certificate shau'd DUF TO Conditions, if any, which gove Carbon Monoxide rise to immediate cause (a), ⊆ DUF TO stating the underlying cause Conflagration nseq PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? remayal, please execute the certificate, YES X 20a. EXTERNA. CAUSE WAS PRIMARY OF CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18) 3 shauld CAUSE OF DEATH Mattress caught fire crematian, 20c TIME OF IN JRY Month Day Year 20d INJURY OCCURRED @ 20e PLACE OF INJURY (Hame, form, 20f (City or town) (County) (Stote) foctory\_street, office bldg , etc ) Hour a.m. Nat While While FUNERAL DIRECTOR: Page of work 1967 Home BALTIMORE MD. at work Essex pm 3-30 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection [7], Inguiry , and in my apintan death resulted fram-Natural causes . Accident x Surcide . Ham cide Undetermined manner TO FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. March 31, 1967 **EXAMINER'S** Address (Street, city, tawn, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((aunity) Weaverville, North Carolina 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15ME (5) 6M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03187 filled in by the funeral papers Pages I and 2 thin 72 hours after death. requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
Rosedale Rosemale d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? and completely filled in 8 within 72 8051 Philadelphia Road 8951 Philadelphia Road YES NO X 3 NAME OF Middle Lost 4 DATE Month Year DECEASED (Type or print) DOERING **ELIZABETH** March 3 67 19 and in any event, DEATH IF UNDER I YEAR S SEX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (in years IF UNDER 24 HRS. 7 MARRIED **NEVER MARRIED** inst birthday) Months Days Hours 8/11/93 female white WIDOWED X DIVORCED 10o USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore. Md. Instrument Packer Bendix Corp. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Peter Homman Minnie Borgmann the attending part ist 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 21206 Address (Yes, no, or unknown) (If yes give war or dotes of service) -22-0563 Margaret Ciampa, dght, 8051 Phila. Rd INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) δ DUE TO Conditions, if only, which gove rise to immediate cause (a), DUE TO stoting the underlying cause as the priar tal 4 may be retained by the hospital ar attending certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPS' PERFORMED? of for use CERTIFICATION NO 20o ACCIDENT WAS LINDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg , etc.) Hour a.m While Not While of work ot work FUNERAL DIRECTOR: After 21. I certify that (1) (this hespital) attended the deceased fram Detaller , 1967, to Mar 3 \_. 19*67,* that (I) (<del>we)</del> last director, page 3 shauld should be filed with the saw the deceased alive an\_ 1967, and that death occurred abi22 AM, from causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIÁN'S John B. Littleton Old North Point Rd. NAME (Type) 23c. NAME OF CEMFTERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Md. Parkwood Cemetery 3/6/67 Schimunek Funeral Home, ADDRESS Inc. 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 3331 Brehms Lane



-th- 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13180			
HEALTH DEPT. A	}1.	PLACE DF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY  5. COUNTY  6. COUNTY  7. COUNTY  7. COUNTY  8. STATE  9. COUNTY  9. COUNTY  9. STATE  9. COUNTY  10. COUNTY			
[14]	1	a. COUNTY BALTIMOTE MARYLAND B. STATE MARYLAND B. COUNTY BALTIMOTE			
essary, funeral nay be nay be rtment death.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)			
mai mai		TARKTON 2 days. MYal-Sparks.			
t any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be the the State Department in 72 hours after death.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sweet address) d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?			
State Mouse	3.	NAME OF First Middle Last   4. DATE Month Day Year,			
M3.	3.	NAME OF DECEASED DECEASED FIrst Middle Last 4. DATE Month Day Year DECEASED DE DEATH MAYCH 13. 1967.			
th. If ar ges 1, 2 form Pl 2 with a within	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER ZYEAR I			
		widowed Divorced Febr. 26. 1909 5 Syra. Months Days Hours Min.			
rs after death. If 18. Give Pages 1, along with form ages 1 and 2 with n any event withir	10a dur	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY.			
after Given Trg 1		Mechanica bras Engines Kev. W. Va. W. V.			
20 00 € 5	13.	Maria de la companya della companya			
24 hours n Item 18 Office ald File pag	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SPICIAL SECURITY NO. 147. INFORMANT Address Address Address A			
ring of the state	(Ye	15, no por Ankown) (If yes give war or dates of service) 270-24-7034 Mrs. Josephume Meada Johna. Pnd.			
within 2 pencil in miner's 0 permit. I removal,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
id be executed "pending" in straight medical Example a burtal-transit of cremation, or i	П	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  O TOLLING  ONSET AND DEATH			
wecu ling cal -trar tion,		DUE TO			
be e pen Medi urlal		Conditions, if any, which agave rise to immediate course (b) DUE TO			
ould 'rd 'd ief ief ief ief		underlying cause last.			
fficate shoul the word the Chief to burial, c	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?			
the the use to the	ICATION	YES NO -			
EXAMINER: This certificate should be executed within 24 house certificate, writing the word "pending" in pencil in Item and be forwarded to the Chief Medical Examiner's Office les.  R. Page 3 should be used as a burlal-transit permit. File p signated agent, prior to burial, cremation, or removal, and in the contraction of the contract	CERTIF	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)  PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.			
This wr ward thoul		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)			
CENTIFICATE, This certificate, wimmed be forwardes.  R. Page 3 shou ignated agent,	MEDICAL	Hour a.m.  p.m.  While at work at work at work at work			
MIN d be Page	Z	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion			
EXAMINE FAMINE F	1	death resulted from: Natural causes 🔼 , Accident 🔝 , Suicide 🔝 , Homicide 🔝 , Undetermined manner			
DICKE the three se 4 s your f IRECT		ACTUAL AC			
ry MEDICA execute t Page 4 I for your		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 4 3/13/67			
DEPUTY Base exector. Tained for Tuneral		NAME (Type) F. M. F. R. H. N. C. C. Address (Street, city, town, or county) PARKTON			
D DEPUTY MEDICAL EXP please execute the c director. Page 4 sharm retained for your files. O FUNERAL DIRECTOR: of Health or its design.	23:	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)			
01 01 01	d	HAVERAL DAUGETOR ADDRESS EMPLOY BY REGISTRAR'S SIGNATURE			
VR A15ME	17	Geal Hartentein Mour Freedom Par MAR 1 5 1967 yellarles Judge			
3500 4-64	X	Jacov sportunicum, stratum strate in the str			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03189 CERTIFICATE OF DEATH 03181
1. PLACE OF DEATH a. COUNTY BALTIMORE  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY BALTIMORE  MANUALLY  BALTIMORE  B
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  BALTIMORE  LIFE  BALTIMORE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE
GREATER BALTIMONE MEDICAL CENTER 517 PATUXENT AVE. ON A FARM?
3. NAME DF First Middle Last 4. DATE Month Day Year DF
5. SEX   6. COLOR OR RACE   7 MARQUED   NEVER MARQUED 57   8. DATE OF BIRTH   19. ACF (In years   FINDER 2 MARQUED 57   18. DATE OF BIRTH
MACE WHITE WIDOWED DIVORCED 3/20/67 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone INDUSTRY)  11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
JOSEPH DANNENFALSER STHARON ANNE WHEELER
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT
(Yes, no, or unknown) (If yes give war or dates of service)  TOSEPH DAMINENFELSER 517 PATUXENT AUE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: NEONATAL ATTELECTASIS ONSET AND DEATH
DUE TO
gave rise to immediate (b) (mmATURITY (700 GMS.)
cause (a), stating the DUE TO underlying cause last.
PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work at work at work
While Not While at work 19 at work 19 at work
21. I certify that (5 (this hospital) attended the deceased from 3/20, 1967, to 3/20, 1967, that (1) (we) las
saw the deceased alive on 3/20/67 1960, and that death occurred at 1:100M, from the causes and on the date stated above 22a. SIGNATURE
Margaret E. harry MD M.D. ATTENDING   MED. STAFF X 3/20/67
22C. PHYSICIAN'S NAME (Type) A BACTOR ST E. LANG HD GASATER BALTIMORE MEDICAL CENTERS
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
BURIAL MAR 22 1967 HOLYREDEFMER (EMETERY 4430 BELAIR RUAD MO
24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
DIPPELBROS INC 1800 E LOMBARD ST MAR 23 1967 Poliantes Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03190 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 6 COUNTY BALTINGRE o. COUNTY TIMIFE MARYLAND physician and completely filled in by the fen please. Pages ovel, and in any event, within 72 hours after ovel, and in any event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 21128 PERRY CATENSU LLE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? STRING GROJE STATE YES NO 4 3 NAME OF Middle Month 4 DATE Dov Year DECEASED OF DEATH LMMUND MARCH (Type or print) 19 6 AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH Dovs WIDOWED 100 JSUA, OCCL PATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Restaurant G2ELHASLOVA HELTELS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown MARY 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO Address Unknown LOUIS F. VESEL burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I, DEATH WAS CAUSED BY: ONSET AND DEATH Bronchial Pneumonia IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DHE TO 4 Days Conditions, if any, which gove rise to mmediate couse (a). **DUE TO** far use as the t i Health priar to b stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES I NO [ 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached shauld be filed with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Store) factory, street, office bldg., etc.) Not While 19 ot work at work 21. I certify that (1) (this hospital) attended the deceased fram 7 - 16, 1963, ta 3-16-, 19 67, that (I) (we) last saw the deceased glive on MARCH, IC 1967, and that death occurred at Q. P. M. fram causes and on the date stated above. 22n. SIGNATURE 22b DATE SIGNED MED DIRECTOR MARCH. 10, 1967 M.D. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) MORRIS PRING. GROVE STATE 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (Stote) Holy Redeemer ltimore, emete 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Ruck Inc. Balto. Md.



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
	03191	CERTIFICATE	OF DEATH	03183	
1	o COUNTY ALTO	MARYLAND	a. STATE MD.	b. COUNTY BALTO.	
	b CITY OR TOWN (If outside carporate limit write RURA) and give nearest tower	WW WANTERFEETHEN	BALTO.	imits, write RURAL and give neorest town)	
	d NAME OF HOSP TAL OR INSTITUTION (IF IT BALTO, COUNT)	Y BENERAL HOSPI	d. STREET ADDRESS  76 6992077.	C Mybrock on a FARM?	
3	DECEASED (Type or pnnt) I 5ADO		DU BANISKY 4. DATE OF DEATH	Month Doy Yeur 3 27 1967	
	6. COLOR OR RACE	WIDOWED DIVORCED	4/25/94 1	GE (In years   IF UNDER   YEAR   IF UNDER 24 HRS.   IF UNDER 24 HRS.   Manths   Days   Hours   Min	
d	Do. USUAL OCCUPATION (Give kind of work done uring mast af warking life, even if retired)  Retured	10b. KIND OF BUSINESS OR INDUSTRY  GROCER	11. BIRTHPLACE (County & State, or foreig	n country) 12. CITIZEN OF WHAT COUNTRY?	
L	BERNARDDUT		~~~	CKER	
1	S WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war ar dates NO	of service)	NFORMANT 8. Ray Dubansky, 69	Address Park DL. Apt.	
	1B. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSI	use per line for (a) (b) and (c) )	CARDIAL INFA	INTERVAL REPARED	
	Canditians, if any, which gove	E TO (b)			
	rise to immediate couse (a), stating the underlying couse last.	E TO (c)			
TRON	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN II	PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO F	
CEPT-EICATION	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	205 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I ar Port II		
MED CAL	20r TIME OF INITIRY Month Day Year	20d. INJURY OCCURRED While Not While of work of work	CE OF INJURY (Home, form, 20f. (Cory, street, affice bldg., etc.)	ity or tawn) (Caunty) (State)	
	P101.11	spital) attended the deceased fram_	3/22/07, 19 to	ram causes and an the date stated above	
	220 SIGNATURE Samuel	Impat w may	ATTENDING MED DIRECTOR	STAFF 22b. DATE SIGNED.	
1	22c PHYSICIAN'S DR. SA	MUEL TOMPAKON	22d. ADDRESS  Baltimore Cour		
2	30. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)		CREMATORY Shard 23d. LOCAT	ION (City or Town) (County) (Stote) Baltimore. Maryland	
	Burial 3/29 24 FUNERAL DIRECTOR  Confidence of Francisco	. Inc. 6010 Reisters	250. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE	
L	Sol Levinson & Bros	· IIIC., DUTO RECORDO	YOUNG DARK 3 1 100	7 Ocharles Judge	





TO FUN

VS A15 (4) 15M 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DELEMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE Item #23b Film 03194 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (if outside corporate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) rute RURAL and give nearest town) in by Kaspeburo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? and in ony event, within 72 Old Home Road completely filled Old Home Road YES NO IX 3. NAME OF Middle 4. DATE carbon First Lost Doy Year OF DEATH DECEASED March 9. AGE (In years SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED ost birthdoy) Months Doys Hours WIDOWED F DIVORCED ma 1Db. KIND OF BUSINESS OR 11 8IRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done INDUSTRY COUNTRY? MaruLand rane overer 13. FATHER S NAME 14. MOTHER'S MAIDEN NAMI eorge Duvall not known INFORMANT Address **36 SOCIAL SECURITY NO** (Yes, no, or unknown) (If yes give war or dotes of service cremotian, or same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), signed by the buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), **DUE TO** stoting the underlying couse State Dept. of Health prior to hos been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR; After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Ноиг о т. foctory, street, office bldg, etc.) While Not While of work ot work - ST, 1967, that (I) (we) last 21. I certify that (I) (this hospital) ottended the deceased fram 0.19 be retained director, page 3 should should be filed with the 19.67, and that death occurred at 11 A.M. from couses and on the date stoted above saw the deceased alive an-WYMAN K 225 MBATESIGNEDVA 22o. SIGNATURE ATTENDING MED. DIRECTOR O HOSPITAL OR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S 3209 North Point Road NAME (Type) Wyman K. Wong 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION GREMOVAL (Specify) 3/8/67 oudon Park em. 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Ruck Inc Baltimore, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03195 03187 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH-2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND Jely filled in by the further Popes from popers Poges within 72 hours after b. CITY OR TOWN (if outside corporate limits c LENGTH OF STAY IN 1b ( CITY OR TOWN (If outsure corporate limits, write RURAL and give nearest town) RURAL and give neorest town) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address d STREET ADDRESS e IS RESIDENCE ON A FARM? NO! YES. NAME OF DATE Last Manth Day Year DECEASED OF and sample) and in any event, (Type or print) DEATH 1967 IF UNDER 24 HRS. SEX DATE OF BIRTH IF UNDER YEAR 7. MARRIED AGE (In years Months Hours WIDOWED DIVORCED and de 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY INDUSTRY RUKEN O BALTO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, SCHWARTZ XXXXXXX JOHN EBERLE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI (Yes, na, or unknown) (If yes give war or dates of service .Baltimore21206 burrol, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove (b) rise to immediate cause (a), DUF TO stating the underlying couse ile ile lost has PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? State Dept. of Health NO. YES | certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Port II of item 18) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, TIME OF INJURY Month, Day Year (City or town) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) Not While at work at wark 21. I certify that (1) (this haspital) affended the deceased from March 1967 19 6 7, and that death occurred at 5 50 AM, from causes and on the date stated above. saw the deceased alive on March 22g. SIGNATURE DATE SIGNED 22b director, page 3 should be filed v M D PHYS DIRECTOR ADDRESS 22c. PHYSICIAN'S O HOSPITAL TO FUNERAL NAME (Type) 23g BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) TREMOVAL (Specify) 11/67 EVANGELICAL BALTIMORE MARYLAND FIRST CEM 25b REGISTRAR S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 25M 1/67



**ADDRESS** 

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md.

24. FUNERAL DIRECTOR

VR A15 (4) 25M 1/67 250 RECD BY REGISTRAR

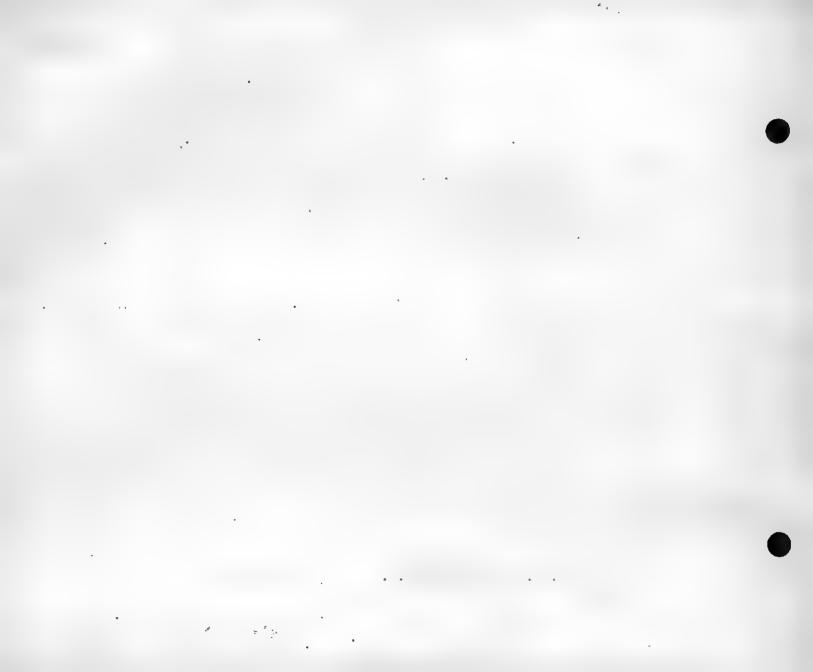
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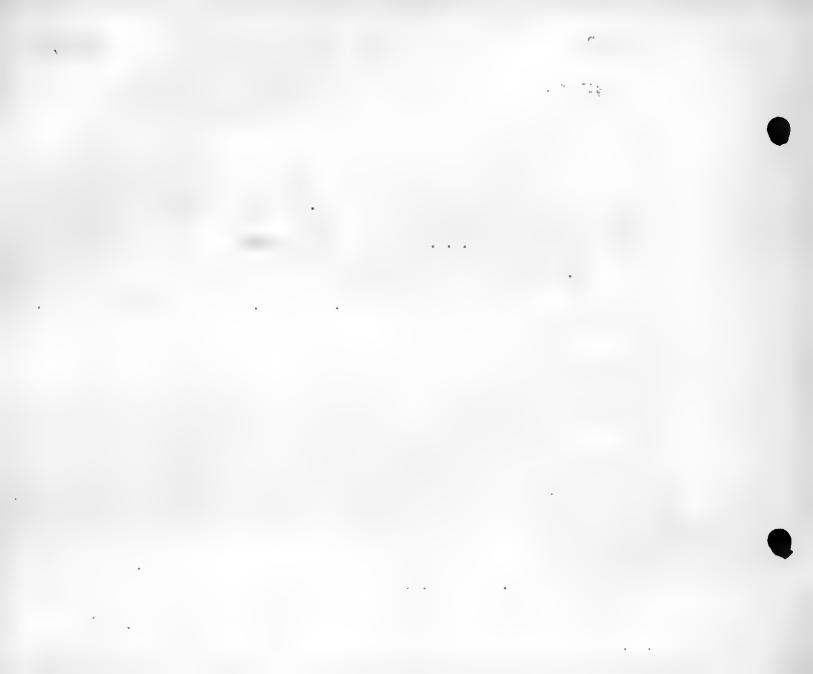
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03197 03189 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY timore MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) lowson aratoga d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 's Hospital NOSES YES 🗔 3 NAME OF Middle Year completely **DECEASED** OF DEATH nhaus March (Type or print) AGE ( n years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED XX B. DATE OF BIRTH IF UNDER 24 HRS last birthdoy) Months Doys Hours male WIDOWED DIVORCED and 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? Pennsulvania ath. Koman ( 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Mary Hilen Andrew Einhaus WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes no, akunknown) (If yes give war or dates of service) Unk. Rev. Henry V. Sattler, 1225 E. Eager St. INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) YES T NO 201/ DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory street, office bldg, etc.) Not While of work ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 7 19 66, to 3/ 19.67, that (I) (we) last 19 66, and that death accurred at 9 30 PM, from causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE DIRECTOR M.D. PHYS 3.33 22c PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Holy Redeemer Baltimore, emeteru 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR Ruck, Inc Baltimore, Md. 20 M 1/66



20M 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03193 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** PLACE OF DEATH 2 USUAL RESIDENCE (Where decepsed lived, if institution. Residence before admission) 2, and PM3. Page Baltimore Maryland b. COUNTY MARYLAND Baltimore delay and 3 t b CITY OR TOWN (If outside corporate .im.ts, write RURAL ond give nearest town)
Reisterstown c CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 State Departme Reisterstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? to the Chief Medical Examiner's Office along with form Eline Funeral Home in Item 18. Give Poges YES NO T Dover Road This certificate should be executed within 24 hours after death NAME OF Middle 4 DATE lost Day Year DECEASED OF (Type or print) DOROTHY ANN ELLIOTT DEATH 6 19 67 S SEX IF LINDER 24 HRS 6. COLOR OR RACE IF JNDER 1 YEAR 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE ('n years lost findoy) Months Dovs Hours Jan. 5, 1912 within 72 hours after death Female White WIDOWED D-VORCED pages lond 2 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Medical Secretary COUNTRY? at Indiana TISA in pencil i 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter E. Kirby Lula Crooks IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) "pending" Mr. Morris A. Elliott Reisterstown, Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN transit PART I DEATH WAS CAUSED BY ONSET AND DEATH any event Multiple injuries IMMEDIATE CAUSE (o) writing the word DHE TO burio Conditions, if ony, which gove (b) rise to immediate couse (a), Ξ DUE TO stoting the underlying couse be forwarded Q S PEREORMED? removol, PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION please execute the certificate, 200 EXTERNAL CALSE WAS PRIMARY → or CONTRIBUTING ☐ CAUSE OF TAATH 20b. DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B) 3 should shauld ö Was involved in collision of 2 cars and gas truck crematian, MEDICA. (City or town) 20c TIME OF INJURY Month Day, Year 20d NURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (County) (Stote) foctory, street off ce bldg etc)
Street 12:45 nm Not While ot work may be retained for your FUNERAL DIRECTOR: Page 3 - 619 67 of work Westminister Md. Carroll 21 I certify that I took charge of the remains described above, held an Autopsy [X], Inspection . Inquiry ... and in my apinian Suicide . death resulted fram: Natural causes Hamicide . Accident X Undetermined manner funeral director CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X Health prior SIGNATURE TO DEPUTY necessory, DEPUTY MEDICAL EXAMINER 3 - 6 - 67**EXAMINER'S** WERNER U. SPITZ, M.D. NAME (Type) Address (Street, city town, or county) He 230 BURIAL, CREMATION, REMOVAL (Specify) Cremation 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 2 3/7/67 Greenmount Cemetery Baltimore Md. 260 ARK D BY REGISTRAR 1967 ADDRESS 24 FUNERAL DIRECTOR VR A15ME (5) Reisterstown, Md. Eline & Sons 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03200 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH deal o. COUNTY b. COUNTY MARYLAND The law requires that the death certificate be executed within 24 haurs after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) campletely filled in by the c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21214 lowson e IS RESIDENC d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM 6405 Hartord YES 🗌 NO A NAME OF Endres Month DECFASED OF DEATH March (Type or print) p crematian, or remaval, and in any event, AGE (in years lost birthdoy) IF JNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED CO **NEVER MARRIED** DATE OF BIRTH remave Months December 17,1901 Doys Hours DIVORCED emale WIDOWED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Maryland USA 14. MOTHER S MAIDEN NAME 13. FATHER S NAME ? Olga Irvin Alsrube signed by the attending p bursal-transit permit. The burial, crematian or remn IS. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Endres 216-52-6716 same INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per ling-for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) -ONSET AND DEATH 4.201 DUE TO Conditions, if only, which gove rise to immediate couse (o). far use as the t Health priar to b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18) 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (City or lown) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from lug-19*67.* that (1) (\*\*\*\* last . 19.5% ta and that death accurred at 4-10 P.M. fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE DATE SIGNED DIRECTOR M.D. directar, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230: LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) emetery | Daw 250. REC'D BY REGISTRAR Parkwood timore 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR YR A15 (4) Ruck Inc Baltimore. DATE MAR 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE Baltimore MARYLAND Marvland Baltimore CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Rogers Forge Baltimore, 21212 Towson vr 2 mon + filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Dulaney Towson Nursing Home NO X YES 2.55 Rogers Forge Road within etely HAME OF Middle DATE DECEASED OF DEATH 19 67 March 14(Type or print) Englar Elizabeth executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH 9. NEVER MARRIED Aug 21, 1885 female white WIDOWED TX DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT = lease and Jr COUNTRY? certificate be Carroll County, Markland Housewife removal, 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah Elizabeth Shipley Charles Franklin 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Baltimore 04 transit permit. death Dulaney Towson Nursing Home, 111 West Road No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] signed by th ONSET AND DEATH PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 🐷 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW/INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20b. After this (State) MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. be retained 1964 4 19 6 7 that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from. Page 4 may be retained FUNERAL DIRECTOR: M. from the causes and on the date stated above. 19 6 and that death occurred at saw the deceased alive on DATE SIGNED 22a. SIGNATURE DIRECTOR PHYS PHYS. M.D. 24 22d. ADDRESS PHYSICIAN'S NAME (Type) director, p should be 1 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. DATE THEREOF 16/1967 Druid Ridge Cemetery Pikesville, Md. 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) avi 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03202 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission o. COUNTY p. STATE b. COUNTY MARYLAND Dultimore ely filled in by the fubon papers. Pages 1 within 72 haurs after b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) Baltimore OWSON d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? filled Med. YES NO D NAME OF pou First Middle 4. DATE Month Last Year DECEASED OF CLARA ENSOR march (Type or print) DEATH 1961 6. COLOR OR RACE 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years NEVER MARRIED lost buthday) Months WIDOWED DIVORCED and in any rem and 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) **INDUSTRY COUNTRY?** altimore 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal. Smoo Davis Clara R 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service Mr. Ira Ensor / same address as above crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) nse to immediate cause (a), DUF TO stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPS PERFORMED? NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port It of item 18.) 200 ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) Hour o.m. Not While foctory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram. 19 67 ta 3 - 4 , 1967, that (1) (we) las be retained 5- 1 19 67, and that death accurred at 1230 M, fram causes and an the date stated above saw the deceased Alive an FUNERAL DIRECTOR: 220. SIGNATURE 22b DATE SIGNED directar, page 3 shauld be filed v M.D. DIRECTOR PHY5 Page 4 may b DE MARCHENA 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) OCTAVI6 230 BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMODER SPECIAL 3/6/1967 Loudon Park Cometery Baltimore, Md. RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Charley



	3203			CERTIFICAT	E OF DEA	TH		ſ	13195
1. PL	ACE OF DEATH	1			2. USUAL RES	IDENCE (When	e decaased lived, li	Institution: Rasic	danca before admissi
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Ъ. (	CITY OR TOWN (	if outs de corporata lin	mits,	c. LENGTH OF STAY IN 1			corporata limits, wri		
	Inver	giva naarasi town) NOSS				Dunda	116	03-1	
d.	NAME OF HOSPIT	TAL OR INSTITUTION	{if not in hosp	ital, give straet address)	d. STREET ADD		4.00		e. 15 RESIDEN
	173	l Inverne	RE ATTA		1	766 Bro	okview Re	4 # 22	YES NO S
	AME OF	Fire		Middle	Last	4. DAT		- 11	ay Year
	CEASED pa or print)	MAR	Y	JANE	ERHARDT	OF DEA	TH Mare	ah :	19 67
S. SEX	(			NEVER MARRIED	8. DATE OF BIRTH	' <u> </u>	19. AGE (In year	I IF UNDER 1 YEA	
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lTas, n	No. or unkown)   (ii	fyesgiva war or dates o		E 07 0019	George W.	Erhardt	9	Same.	
1B	. CAUSE OF D	EATH Enter only or	na cause per lu	L5-07-9218 re for (a), (b), and (ĉ).]	1 / /	75	٠. "	T	INTERVAL BETWEEN
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Section   Sect	part II. OTHER  A CCIDENT W.  CONTRIBUTING EITHER, NOTIFY  Co. TIME OF INJU Hour a m p.m.  Coertify to the decease  Ca. SIGNATURE  Ca. PHYSICIAN'S  E (Typa)	AS UNDERLYING AS	c)    20b. DES   20b. DES   Whi a si work   20d. If work   20d. If which a si work   20d. If which a s	NJURY OCCURRED 200. In White at work and the deceased from the company of the com	PLACE OF INJURY (Homeocory, street, office bid and death occurred ATTENDING PHYS.  22d. ADDRES 6714 He	and to Director	City or town    to	(County) 21., 1967 and on the	PERFORMED? YES NO (State)  , that (1) (we) I date stated above 22b. DATI
Second   S	pare rise to immadi ), stating the unuse last.  PART II. OTHER  PART III.	AS UNDERLYING AS UNDERLYING AS UNDERLYING ABOUT ALL AND	c) DITIONS CONT  20b. DES  Whi a st work  C. Mac	ORIBE HOW INJURY OCCU  NOT White at work at work at work at work at the deceased from the learn of the learn	PLACE OF INJURY (Homeocraphics of instance)  PLACE OF INJURY (Homeocraphics of instance)  And death occurred  ATTENDING PHYS.  22d. ADDRES  6714 Howey OR CREMATORY	ma, farm, 20f. g, atc) MED. DIRECTOR S Olabird	City or town!  to PUCY  The causes  STAFF PHYS.   AVE BAJ  OCATION (City, to	(County)  21., 1967  and on the	PERFORMED? YES NO (State)  , that (1) (we) I date stated above 22b. DATI SIGN
GERINGCATOR CALL CALL CALL CALL CALL CALL CALL CAL	pare rise to immadi ), stating the unuse last.  PART II. OTHER  PART III.	DUE TO  which ale causa andarlying DUE To  a SIGNIFICANT COND  AS UNDERLYING CAUSE OF DEATH  MEDICAL EXAMINER  When the causa of the ca	c) DITIONS CONT  20b. DES  Whi a st work  C. Mac	ORIBE HOW INJURY OCCU  NOT White at work at work at work at work at the deceased from the learn of the learn	PLACE OF INJURY (Homeotory, street, office bid m	A 100MA  MED. DIRECTOR  S  123d. L  740	City or town!  to PUCY  The causes  STAFF PHYS.   AVE BAJ  OCATION (City, to	(County)  21., 1967  and on the  Ito., 24  own or county)  Hill Rd	PERFORMED? YES NO (State)  , that (1) (we) date stated above 22b. DAT SIGN  (State)  1. Ba.Co.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03204 he law requires that the death certificate be executed within 24 haurs after death. eath. Bartimore country pub PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY o STATE b. COUNTY Catansville MARYLAND b. CITY OR TOWN (If autside carparate imits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carporate limits, write RURAL and give negrest town) Baltimore e, IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 25Lothian Rd. Summit Nursing Home YES NO DO 3. NAME OF 4. DATE Eirst Lost Month Day Year DECEASED 67 Esposito (Type of print) Raffaele or Ralph DEATH March 8 1 YEAR AGE (In years 5 SEX IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIEO OATE OF BIRTH bathday) Months Odys Hours 1st-1890 Male White WIDOWEO DIVORCED attending physitian and permit. Then please rea 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Tailor Shop Italy Retired Tailor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Balbina Adriano Dominic Raposito 14 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN L S ARMED FORCES? 17 INFORMANT Address Rd. (Yes, na, ar unknawn) (If yes give war ar dates of service) BI6-03-5277A Josephine Esposito (Wife) 5625 Lothian no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p Arteriosclerotic cariovascular disease MMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. Chronic brain sundrome DUE TO urs. Conditions, if ony, which gove (b) nse ta immediate cause (a). Multiple strokes DUE TO urs. stoting the underlying couse as the FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) for use Health p Parkinsonism YES -NO urs 20a ACCIOENT WAS UNDERLYING □ 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Not While 19 of work 21. I certify that (I) (this hospital) ottended the accessed from director, page 3 shauld shauld be filed with the from causes and an the date stated above and that death occurred at a saw the deceased alive\_an 22b. DATE SIGNED 22n, SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D 22d. AODRESS 22c. PHYSICIAN'S NAME (Type) 1303 Frederick Rd. Catons 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify)
Burial Holy Redeemer Belair Rd Balt .Md **AODRESS** 2Sq. REC D BY REGISTRAR VR A15 (4) 20 M 1/66 Minne S. High 1967





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. funeral 1 and and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE b. COUNTY papers. Pages 1 in 72 haurs after MARYLAND b CITY OR TOWN (If aufside corporate limits, CLENGTH OF STAY IN 16 OR TOWN (If autside carparate limits write RURA. d give regrest town) write RURA, and give negrest town? filled in I e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street agaress) d STREET ADDRESS within □ NO 🗵 YES NAME OF Middle DATE please remave carban First Last Month Day Year campletely DECEASED Type or pant) DEATH 19 IF UNDER 1 YEAR IF LINDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED A A last birthday) Months Days Hours Min burial, crematian, or remayal, and in any WIDOWED DIVORCED and Da USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even irretired) INDUSTRY COUNTRY 2 physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then 15 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT Address TO SOCIAL SECURITY NO (Yes, not arenknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. Luna DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause be detached far use as the State Dept. of Health prior to has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MFDICAL 20c TIME OF N.JRY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour a.m. factory, street, affice blda., etc.) While Not While ATTENDING ot work of work 21. I certify that (I) (this hospital) attended the deceased fram. \_\_\_, that (l) (<del>we</del>) last 19 1.77 and that death accurred at 11:50 M. from causes and an the date stated above saw the deceased glive an. 22a SIGNATURE 22b DATE SIGNED **ATTENDING** director, page 3 should be filed v M.D PHYS DIRECTOR PHYS 22c. PHYSICIAN S ADDRESS TO HOSPITAL NAME (Type) BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City or 23b. DATE THEREO (County) (State) REMOVAL (Specify), 0 250 RECORY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 25M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY by the and 2 death. Washington Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town? executed within 24 Pages 1 Owings Mills Hagerstown vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Rosewood State Hospital YES NO T Washington County Welfare Board rbdenpapers. completely 3. NAME OF 4 DATE Middle DECEASED OF (Type or print) DEATH FEESER, Baby Boy (Billy Friend) 1967 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR Pile ř lest birthdey) Months Hours Alin. event, WIDOWED DIVORCED Male White attending physician please remove and in any ever 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) any Hagerstown, Maryland U.S.A. Dependent none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Betty Feeser Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address requires that the oval, (Yes, no, or unkown) | (If yes give wer or dates of service the Rosewood Records, Owings Mills, Maryland none permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). physician, INTERVAL BETWEEN signed by ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit 471X DUE TO attending ₩e Conditions, if eny, which peen gave rise to immediate cause DUE TO (a), slating the underlying has ceuse lest. 후 the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 50 9 14 NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INDERY OCCURRED. (Enter neture of injury-in Pert I or Part II of from IB.) for OR CONTRIBUTING | CAUSE OF DEATH DIRECTOR: After this should be detached for of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL ATTENDING 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work State Dept. 21 certify) that (K (this hospital) attended the deceased from. ...3-20 ......, 19.6.3 to .....3-28....., 196.7, that **%**) (we) last 6.7, and that death occurred a6.2.30%, from the causes and on the date stated above. saw the deceased alive on OR N 22a. SIGNATURE ✓ DATE ATTENDING HOSPITAL PHYS. DIRECTOR PHYS. death. Page 4 M.D page with t 27c. PHYSICIAN 22d. ADDRESS NAME (Type) director, be filed \ 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) BEMOVAL (Specify) Rosewood (emetery Owings Mills. 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Reisterstown, 196 VR A15 (4) 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03208 03200CERTIFICATE OF DEATH deoth puo PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 24 hours after deap funera o. COUNTY b. COUNTY o. STATE Baltimore Maryland MARYLAND filled in by me. c LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ease remove corllon papers. Pagand in any event, within 72-hours Baltimore Towson d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS TO HAVE ON A FARM? St. Joseph Hospital, Baltimore, Md. 21204 NO PC YES requires that the death certificate be executed within 3. NAME OF First Middle Last DATE Year the ottending physicion and completely sit permit. Then prease remove corman DECEASED HENRY FISCHER March 27 1967 (Type or pant) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH AGE (In years **NEVER MARRIED** 6 birthday) Manths Male White Days Haurs 3-5-02 WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
Self—employed 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country). 12 CIT ZEN OF WHAT INDUSTRY-AUCRN Baltimore 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol, 0 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) signed by the burial-tronsit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hemorrhage, right occipital parietal lobe. DUE TO Canditians, if any, which gave (b) Hypertensive cardiovascular disease. rise to mmediate couse (a). DUE TO r this certificate has been side detached for use as the bite Dept. of Health prior to b stating the underlying couse Page 4 may be retained by the haspital or attending Tumor of right adrenal gland. last PERFORMED?
YES X NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While O FUNERAL DIRECTOR: After at work 19 67 ta 19 67 that 20 (we) fast 21. I certify that A (this haspital) attended the deceased from , page 3 should be filed with the and that death accurred at 1:08 M, from causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. March 27, 1967 M.D. DIRECTOR PHYS. 22c PHYSIC AN'S 22d ADDRESS 7620 York Road, Baltimore, NAME (Type) M.S. Cockburn, M.D. Md. 21204 director, should 23c NAME OF SEMETERY, OR CREMATORY 230 BURIAL, CREMATION, 236. DATE THEREOF (County) (State) REMOVAL (Specify) URIAL 2So. REC'D BY REGISTRAR 25b REGISTRAR SESIGNATURE FUNERAL DIRECTOR ADDRESS



43	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
6	. 8.		03203 CERTIFICATE OF DEATH 03201							
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.  Page 4 may be retained by the hospital or attending physician.  Page 4 may be retained by the hospital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the bunal transit permit. Then please remove carbon pagess. Pages it and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.		MALE NEGRO WIDOWED DIVORCED JULY 14, 1919 ast Window) Mainths Days Maurs Min  On USUAL OCCUPATION (Give kind of work dane Junior most of working life, even if retired)  CLERK  10 MIND OF BUSINESS OR INDUSTRY BALTIMORE, MARYLAND  11 BIRTHP_ACE (County & State or fareign country)  BALTIMORE, MARYLAND  12 CHIZEN OF WHAT COUNTRY?  CLOTHING COMPANY BALTIMORE, MARYLAND  13 FATHER S NAME  FLOYD FORD  S WAS DECFASED EVER IN U.S ARMED FORCES?  S WAS DECFASED EVER IN U.S ARMED FORCES?  S WAS DECFASED EVER IN U.S ARMED FORCES?  WW II  216 07 47 42 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD.								
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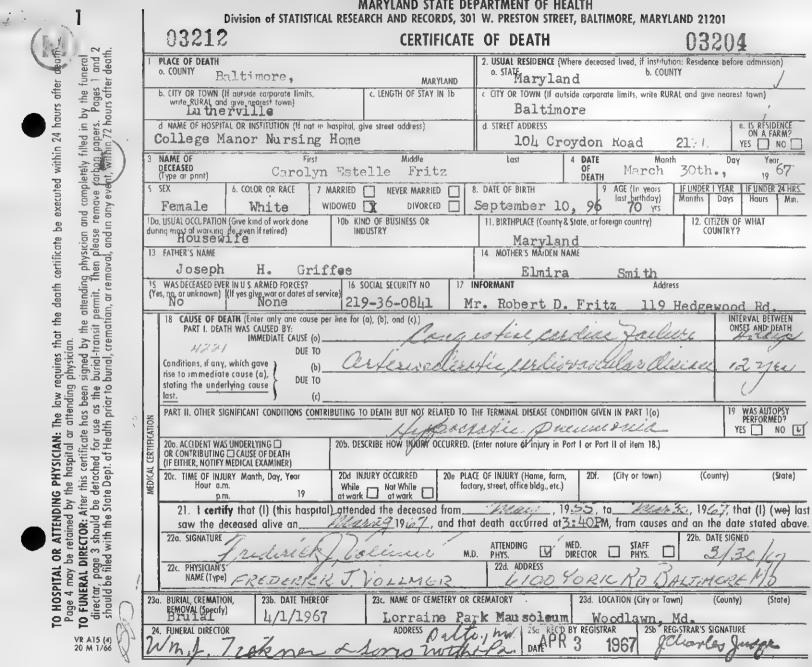


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03210 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY ALTO. MARYLAND b. CITY OR TOWN (If autside carparate I mits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) itely filled in by the rban papers. Page 1, within 72 hours a write RURAL and give nearest tawn) 55EX ESSEX d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? LORRAIN. YES NO A NAME OF Middle DATE signed by the attending physician and campletely burial-transit permit. Then please remove carban Day Year DECEASED nanove carb 420 STER (Type or print) 1967 **OEATH** S. SEX 6 COLOR OR RACE 7 MARRIED OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** last birthday) Manths Days Hours WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? andi 60 USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, FASTER WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service FOSTER ABOUF ES MARIE 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO as the stating the underlying cause this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? for use Health NO. 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) detached for the Dept. of P OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark O FUNERAL DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased fram. 196570 3-7 -, 1967, that (I) (we) last 1967, and that death accurred at 1-40AM, from causes and an the date stated above. saw the deceased alive an 22a SIGNATURE 22b. OATE SIGNED M.O. DIRECTOR director, page should be filed WONG M. B. 22c. PHYSICIAN S NAME (Type) Charlesmont Medical Center 23c. NAME OF CEMETERY OR CREMATORY OF NOrth 1334 12CATION (STY OF TOWN) 23a. BURIAL, CREMATION 23b. DATE THEREOF (State) (County) REMOVAL (Specify) 10/67 LUTHER AND IMMAGKE 25b, REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR **ADORESS** Charles VR A15 (4) 20 M 1/66 J.G. COUNFULY 300 MACE SONG



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03211 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY o. COUNTY o STATE delay 15 Page MARYLAND b CIY OR TOWN (If outside corporate I mits CLENGTH OF STAY IN 16 c CITY OR TOWN (It auts de corparate limits, write RURAL and give nearest town) and State Departme write RURAL and give negrest tawn) Balto. Towson d. NAME OF HOSPITAL OR INSTITUTION (If not up hospital, give street oddress) St. Joseph's Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the certificate, writing the ward "pending" in pencl in Item 18. Give Pages 1, 4 should be farwarded to the Chief Medical Examiner's Office along with form 1281 Cedarcroft Rd. YES NO in Item 18. Give Pages haurs after death 3. NAME OF 4 DATE Year DECEASED Francis DEATH 19 (Type or print) Charles B. DATE OF BIRTH 9 AGE (In veors **5 SEX** 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Dovs Hours 72 haurs after death. DIVORCED WIDOWED 6/15/10 56 yrs 10b KIND OF BUSINESS OR Balboury Tran. Co. 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) during mile of WORDs ife, even if retired) (PUNSRY A Balto. Co. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within Carrie Beall Herbert E. Francis 17 INFORMANT 16. SOCIAL SECURITY NO Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes and war or dotes of service 1281 Cedarcroft Rd. 216 05/7971 Margaret H. Francis and in any event within INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per ne for (o PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) s certificate shauld writing the ward DIMÉ TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse be used WAS AUTOPSY remaval, PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW N. JRY OCCURRED (Enter nature of noury in Port I or Port 11 of item 18) 3 shauld PRIMARY Tor CONTRIBUTING T crematian, ar CALISE OF DEATH. (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) Hour o.m. factory, street, office bldg., etc.) at wark ot work 5 may be retained far )
TO FUNERAL DIRECTOR: P
Heath prior ta bural, a 21. I certify that; taok charge of the remains described above, held an Autopsy Inspection 1-Inquiry and in my opinion Undetermined manner death resulted from Natural causes ₩Smicide funeral directar HIEF MEDICAL EXAMINER 2. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MFDICAL EXAMINER **EXAMINER'S** O'DONNELL, M.D. Address (Street city town or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) 3/18/67 Camp Chapel Cemetary Balto. Co. Md. 24 FUNERAL DIRECTOR VR A15ME (5 7h0l Belair Road Lassahn Funeral Home 6M 1/67







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1	DIVISION O	F VITAL RECORDS, 301 W. PRESTO	N STREET, BALTIMORE, MARYLAND 21201	
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executed within 24 nding" in pencil in 1 Medicol Examiner's permit. File pages within 72 nours after	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of	service	NFORMANT Addr	
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tiffice orde orde d as	DADY II OTHER SICK E CALT CONDIT ONS CO	ANTENDITING TO DEATH B. T. AOT PELATED TO	THE TERMINAL D SEASE COND TON GIVEN IN PART 1(0)	19 WAS AUTOPSY
This certificate should be executed within cate writing the word "pending" in pencil be forworded to the Chief Medical Examine I be used as a bur ol-transit permit. File pagremoval, and in any event within 72 hours of	S PART II OTHER SIGN F CANT CONDITIONS CO	MIKIBUTH GOT HOT KELATED TO	THE TEXTINATE IS SENSE LORD . OF SIVER IN TAKE MAY	PERFORMED?
This cate be find the first term of the first te	200 EXTERNAL CAUSE WAS	20h DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I ar Part I of tem 18.)	1 0
설구 끝노	200 EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING COURSE OF DEATH	Struck by auton	·	
EXAMINER: ute the certifage 4 should your files. Page 3 should	3 20r TIME OF IN . BY Month Day Year	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, farm, 20f (City or town)	(County) (Stote)
₹ + ₩ - 1 a D	20c TIME OF IN. JRY Month, Day, Year 9:20-pm March 179	67 Whe Not While Tool	tory street, office bldg, etc)  Luthervill	e Balto. Md
L EXAM cecute tr Page 4 for your R: Page	21   certify that I tank charge	of the remains described above, he		
			ide . Homicide . Undetermined r	
Sse ecto	1111 ~		CHIEF MED CAL EXAMINER	/
Adir dir to be be	SIGNATURE CONTROL CONTROL	+ (KOorenek	M D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TY, ry, erol be be prior	EXAMINER'S		DEPUTY MEDICAL EXAMINER 🔲	8/17/10
O DEPUTY MEDICAL E necessary, please exect the funeral director. Pa 5 may be retained far O FUNERAL DIRECTOR: Health prior to buriol,		O'DONNELL, M.D.	Address (Street, city, town, or county)	111/10/
O D D D D D D D D D D D D D D D D D D D	230 BUR AL CREMATION, 23b DATE THE			own) (County) (State)
	REMOVAL (Specify) Burial 3/21/		ey Cemetery Cockeysvi	TIE MO
VR A 15ME (5)	24 FJNERAL DIRECTOR	ADDRESS*	MARIO O O ADDES MARIO	Carley Judge
6M 1/67	Wm. Cook-Brooks Tows	on 1050 York Rd. 212	04 MAR 2 2 1967 /	



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMI PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY e. STATE b. COUNTY BANTO MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) ESUILLE Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO L 3. NAME OF DECEASED (Type or print) 7. MARRIED NEVER MARRIED 9. AGE (In years . IF UNDER 1 YEAR IF UNDER 24 HRS. las birthday) Months ( WIDOWED T 10a. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USSIA At Home USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Olga Wolfson Herman Jansen 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORM Address (Yes, no, or unkown) | (Ifyes give we rordates of service) 2825 W. Strathmore Avenue Jenny Hoffman. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMED ATE CAUSE (e) LL.MONARY EMBOLISM Conditions, if eny, which geve rise to immediate cause DUE TO (a), stelling the underlying PART II OTHER SIGNIF, CANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Part , or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c, TIME OF INJURY Month, Dey Year (County) (Sfefe) lectory, street, office bldg., etc.) Not Wh I et work ,e work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4. Inquiry and in my ominion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER should be for Proverse I ASSISTANT MEDICAL EXAMINER DATE SIGNED M.D SIGNATURE Address (Street cly, town or county please 4 shoul O FUN , 22c. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Baltimore Hebrew Burial Haryland 23. FUNERAL DIRECTOR VR A15ME Levinson & Bros. Inc., 6010 Reist.

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ום		RYLAND STATE DEP CORDS, 301 W. PRESTO			01
03216		CERTIFICATI	OF DEATH		03208
O COUNTY Baltin	dre	MARYLÁND	2 USUAL RESIDENCE 0. STATE MG		OUNTY Californe
b. CITY OR TOWN (If outside corp write RURAL and give nearest Catonsville	orote simits, tawn)	c tength of Stay in ib		outside corporote limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITU Forrest Haven		e street oddress)	d STREET ADDRESS	house Lane	e IS RESIDENCE ON A FARM? YES NO A
3 NAME OF DECEASED (Type or print) HOWA	First	Middle Ernest	Lost Gardner		Month Doy Year
s sex 6 color of	_		8. DATE OF BIRTH Dec.25,1443	9 AGE (In years	I IF UNDER 1 YEAR   IF UNDER 24 HRS
100 USJAL OCCUPATION (Give kind of during most of working life, even if ret October	work done 10b KIND red) 1NDL CONS	of Business or STRY Olidated Engl	11 BIRTHPLACE (County	& State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.D.A.
13. FATHER'S NAME George G			14. MOTHER'S MAIDEN	NAME Blakeley	
1S WAS DECEASED EVER IN J.S. ARME (Yes, no, or unknown) (If yes give wo	FORCES? 16. SO		INFORMANT	A	ddress rikesville o,iii.
1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI  14 2 2   Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.	D BY. ATE CAUSE (o) DUE TO (b) DUE TO	ELY E 1 1 FROID F-121 10 CONDERNA	Lone - Enth	4. EST 12. K.	NTERVAL BETWEEN ONSET AND DEATH
PART 11 OTHER SIGNIFICANT CON					YES NO
200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING II CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAM HOUR O.M.)	ATH I	RIBE HOW INJURY OCCURRED			
20c TIME OF INJURY Month, De Hour o.m.	y, Yeor 29d INJU While of work	→ Not White ← foc	CE OF INJURY (Home, for lory, street, office bidg, etc	m, 20f (City or town	) (County) (State)
21. I certify that (I) ( saw the deceased alive 22a. SIGNATURE		d the deceased fram_ 19, and tha	t death accurred a	19 <u>44</u> , ta <u></u> <u>7</u> -7/ 1M, fram cause	es and an the date stated above.
22c. PHYSICIAN'S	1/ F- win	M.	22d. ADDRESS	MED STAFF DIRECTOR PHYS	0 3/17/27
DEMOVAL (Consider)	3	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or	
REMOVAL (Specify)  24 FUNERAL DIRECTOR	Mount	ADDRESS ADDRESS		13/	REGISTRARS SIGNATURE Clionles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03217 the attending physicion and completely filled in by the funeral rate nermit. Then please remove carbon papers. Pages I and 2 rate networks after-death requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. (OUNIY B altimore b. COUNTY Baltimore o. STATE Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Baltimore 10 mos. Randallstown IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO X YES 🔲 1908 Hillcrest Road Chapel Hill Nursing Home Middle 4. DATE Year NAME OF Lost Manth DECEASED 19 67 March 19 Rochester Glenn Herbert DEATH 9 AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH S. SEX 7 MARRIED NEVER MARRIED Jost birthdoy) Months Haurs April 7, 1883 Male White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10a, JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Silver Spinner 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR USA COUNTRY? INDUSTRY Rock Hall, Maryland 14. MOTHER S MAIDEN NAME 13 FATHER'S NAME Lant William Glenn Georgiana IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give wor or dotes of service) William J.Glenn - 1908 Hillcrest Rd. #7 NO cremotian, INTERVAL BETWEEN PASET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per-line, for (a), (b), and (c).) signed by the burial-tronsit p burial, cremotic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO hos been see as the the prior to the stating the underlying cause Page 4 may be retained by the hospital or ottending lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES [ O FUNERAL DIRECTOR: After this certificate ą 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20e, PLACE OF INJURY (Home, form, (City or town) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour om. Not While at work at wark 2]. I certify that (I) (this haspital) attended the deceased fram I Kawa and that death accurred at 6 2M, fram causes and an the date stated above. saw the deceased alive an\_ Mary 22b. DATE SIGNED 22a SIGNATURI ATTENDING DIRECTOR M.D. PHYS PHYS ADDRESS PHYSICIAN'S 22c. NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) St. Paul's Cemetery Arcadia, Maryland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 4600 Liberty Hghts. Ave Armacost DATE 20 M 1/66

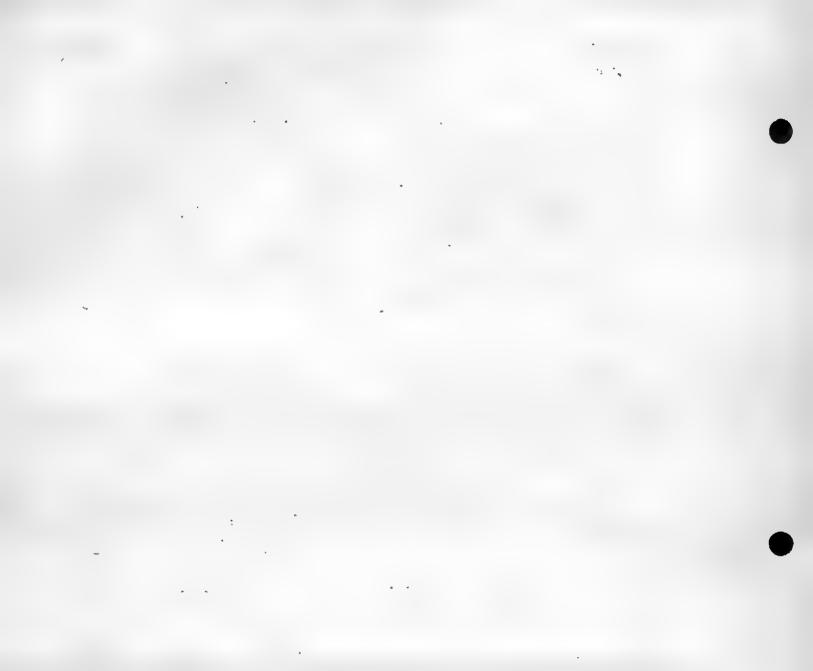
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03218 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o COUNTY · STATE may/and **6. COUNTY** Baltimore MARYLAND requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c CITY DR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 RAN dalstown papers. hin 72 ho d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS filled 4907 Queensberry, Are. YES 🗀 NO 3 NAME OF Middle Lost 4 DATE - CO Month Doy Year DECEASED OF DEATH Goldberg 1967 (Type or print) S. SEX DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS AGE (In years **NEVER MARRIED** lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN DF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most oil working life, even if retired) COUNTRY? INDUSTRY Shoe. Retired (Factor Maker 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 60106 Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 5 6908 Dorsett Place Sally Krieger. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been lost. 19 WAS AUTOPS) PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use ( NO YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work of work 21. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_\_ . 19 \* . to - 19 u 1hot (I) (we) lost saw the deceased alive on \_\_\_\_, and that death accurred at \_\_M, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, shauld 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Shaarei Zion Rosedale Burial RECID BY REGISTRAR 24 FUNERAL DIRECTOR 25h REGISTRAR'S SIGN VR A15 (4) Sol Levinson & Bros. Inc., 6010 Reist., Rd. 20 M 1/66

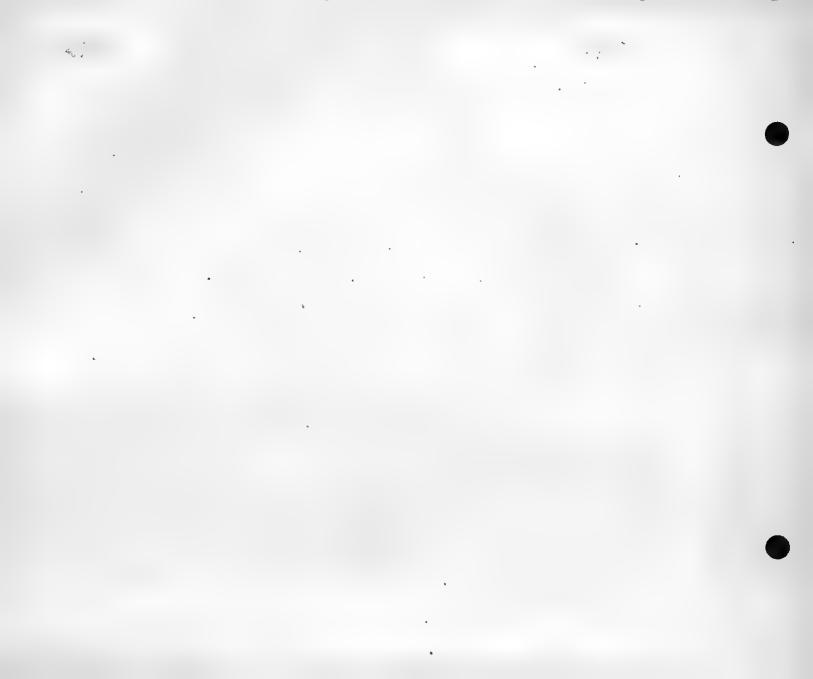
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Maryland Cecil MARYLAND b CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r LENGTH DE STAY IN 15 Catonsville davs Elkton, Maryland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? physician and completely filled en please remaye carbon pape GROVE STATE SPRING HOSPITAL Town Point Road NO 🔀 3 NAME OF First Middle DATE Last Month Doy Year DECEASED Grover (Type or print) Conce March 67 DEATH 5 SEX 6 COLOR DR RACE 8 DATE OF BIRTH 7 MARRIED 9. AGE (in years IF UNDER 1 YEAR IF JNDER 24 HRS NEVER MARRIED lost birthdoy) Dovs in any male white WIDOWED DIVDRCED Mar 2, 1902 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Delaware U.S.A. 13 FATHER'S NAME 14. MDTHER'S MAIDEN NAME the attending phys William Gonce Lida Lofland IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no prunknown) [If yes give wor or dotes of service) Records: SPRING **GROVE** STATE 221-20-8351 HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Coronary thrombosis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave ) Arteriosclerotic cardiovascular disease rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the priar to ! this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? detached far use e Dept. af Health for USe NO 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Not While foctory, street, office bldg, etc.) FUNERAL DIRECTOR: After 21. I certify that (4) (this hospital) attended the deceased fram. Feb. 25 March 419\_\_ 97hat 30 (we) last March 1 19 67, and that death occurred at M. from couses and on the date stated above. saw the deceased plive on ... 22o. SIGNATURE 22b. DATE SIGNED Seeley hearlester STAFF 3-6-67 DIRECTOR director, page 3 shauld be filed 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.D. Baltimore, Maryland 21228 23c NAME OF CEMETERY OR CREMATORY -230. BURIAL CREMATION DATE THEREOF 23d LOCATION (City or Town) (County) (State) 0 VR A15 (4) 20 M 1/66



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1/1	1	MARYLAND STATE DEPARTMENT OF HEALTH
- ( ) ( )	(e)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND
£ 10	and 2 death.	03220 CERTIFICATE OF DEATH U3215
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by t	Page IIS a	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hours d in by	S. I	BALTHORE 151
24 I	25 - (c)	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS    e. IS RESIDENCE ON A FARM?
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	n, or removal, and in any event, within 72 hours after	Joseph GRAlesta (dec) Jeliusti (de)
ı ce	± 5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address  (Yes, no, or unknown) (If yes give war or dates of service)
The law requires that the death certificate be or attending physician.	trans t permit.	215-16-1666 Amelia G. Loreless - 20 Willow Are
he c	mati	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH
at ti ian. d by	ial-trans ial, crem	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Carcina Lung  ONSET AND DEATH
s the	s as the burial transprior to burial, cre	163X DUE TO
uire 3 ph	200	Conditions, If any, which   (b)   (b)   (b)
required bee	the rate	cause (a), stating the DUE TO
law tten	as jr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The or a	sate 2	PERFORMED?
.N. 1 ital tific	f He	YES NO 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PHYSICIAN: The law requires that the hospital or attending physician this certificate has been signed b	e Dept. of Health	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  G (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYS he h	Der	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
DING P	State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m. While not While at work at work
YDI)	P P P	21. I certify that (I) (this hospital) attended the deceased from 1-21-6719, to 3/13, 1967, that (I) (we) last
TTE:	age 3 should iled with the	saw the deceased alive on 3-13 1967, and that death occurred at 5-0/4M, from the causes and on the date stated above.
REC REC	× × ×	22a. SIGNATURE 22b. DATE SIGNED
ay H		ATTENDING MED. DIRECTOR PHYS. M.D. PHYS. DIRECTOR PHYS. M.D. PHYS. DIRECTOR DIRECTOR PHYS. M.D. PHYS. DIRECTOR
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certific	director, p	NAME (Type) RAM K. CHIILLAR 22d. ADDRESS GREATER BALTIMORE NED CENTER
HOS age FUN	rect	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, fown or county) (State)
5 5 E	000	Banial 3/15/67 Holy Redeemer Cem Balto, Md.
	UK	24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25d. REGISTRAR'S SIGNATURE
VR AIS		John C. Miller Inc 6+15 Belair Rd. OANAR 16 1967 Schanles Judge
20M 1,	/65 V	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03221 CERTIFICATE OF DEATH death. funeral . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. a. COUNTY **b** COUNTY o STATE MARYLAND The law requires that the death certificate be executed within 24 hours after nan papers. Pages 1 within 72 haurs after LE LENGTH OF STAY IN 16 write RURA, and give nearest tawn) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO I NAME OF DATE remave carban Day Year DECEASED OF DEATH event, 9. AGE (In years 7. MARRIED **NEVER MARRIED** Manths Haurs in ony WIDOWED DIVORCED pup 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT edse andi physician ar remaval, 16 SOCIAL SECURITY NO Address ROBERT 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed t Conditions, if any, which gave rise to immediate cause (a), DUE TO priar tal stoting the underlying cause last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 20a ACCIDENT WAS JNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT BY MEDICAL EXAMINER) 20x TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour to.m. factory, street, office bldg., etc.) at wark 19 67 to 21. I certify that (I) (this hospital) ottended the deceased from... 3-27 Page 4 may be retained 1967, and that death accurred at 6:95 AM, from causes and on the date stated above saw the deceased alive on. TO FUNERAL DIRECTOR: 220. SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF PHYS M.D DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) New Cathedral Baltimore Buria 24 funeral director W. Jenkins 250. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Sons Co. Balto 12. Md.



- 1	1	Division of STATIST		IARYLAND STATE DE RCH AND RECORDS, 30			EAND 21201	
~ ~	03222			CERTIFICATE	OF DEATH		03215	
Funeral London	PLACE OF DEATH o. COUNTY	ltimore		MARYLAND	2 USUAL RESIDENCE (W	There deceosed lived, if institution in the column in the		dm ission)
ours after deal	write RURAL or	(If outside corporate limits, and give nearest town)	9	17 Years		side corporate limits, write Rt	JRAL and give nearest to	wn)
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ecuted within 24 hc campletely filled in ave carban papers. y eyent, within 72 h	3. NAME OF DECEASED (Type or print)		ZIS	Middle J.	Lost GRILTIS		ch 4,	Year 19 57
nd camplete	s sex lale	6. COLOR OR RACE White	WIDOWED [	DIVORCED .	8 DATE OF BIRTH Feb. 29,18		Months Days F	UNDER 24 HRS. Hours Min.
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he death cei gatending p permit. The	(Yes, no, or unknown)	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes of	cervice		nformant rs. Elsie '	Add 11. Grines	Same As .	<b>%</b> 0
requires that the death certificate be executed within 24 haurs after death g physician.  signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remaye carbon papers. Pages 1 and 5 burial, crematian, ar remayal, and in any eyent, within 72 haurs after death	PART I DE	y, which gove )	o)	a. S. E. U.	beal Hen	ronhoge e.	interv	AL BETWEEN DANS DEATH
e law requirending phiss been sign as the burner to burner to burner.	rise to immedia stoting the und lost.	erlying couse (0),	(c)					
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YSIC aspit certif hed ot. af	OR CONTRIBUTION	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HÓW INJURY OCCURRED.	CE OF INJURY (Home form		(County)	(Stote)
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OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate je 3 shauld be detached for u ed with the State Dept. af Heal		deceased alive an		196 Z, and the	t peath accurred at	& PM, from causes	s and an the date :	
	22c. PHYSICIAN	WC me	Kan	Jh lin M.	22d_ADDRESS	DIRECTOR DIPHYS.	13/4/6	7 2 8
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O HOSPITAL Poge 4 may O FUNERAL I director, pog should be fill	230 BURIAL, CREMAT REMOVAL (Speci	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or I	own) (County)	(Stote)



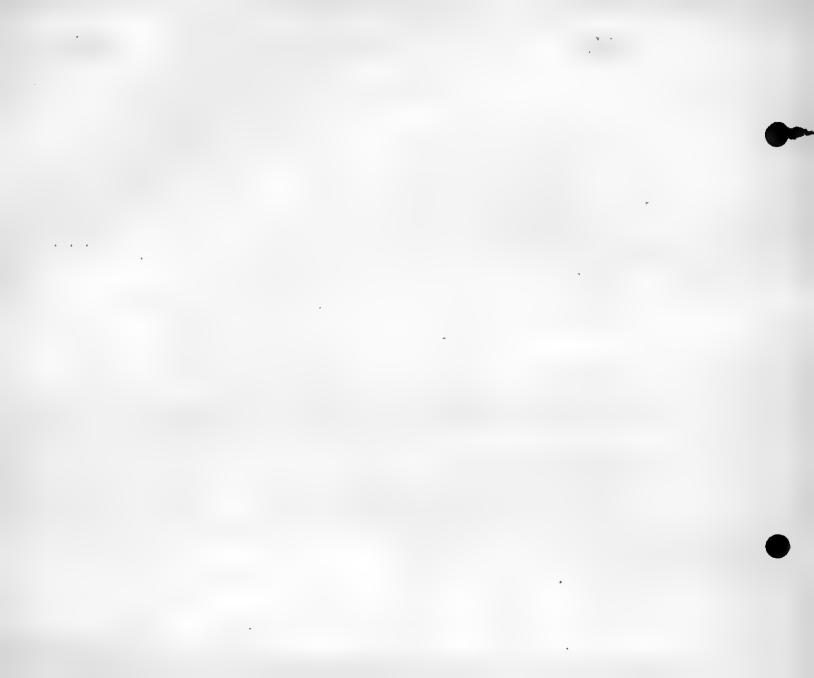
and an age of the same	l t	ems 10-21 Film 307 4-1 MARYLAND STATE DI DIVISION OF VITAL RECORDS, 301 W. PRE Itom #7% 15 Film . G387 1/13/	STOR	N STREET, BALTIMORE,	MARYLAND 21201	
FOR STATE	L	13223 MEDICAL EXAMINER	'5'	CERTIFICATE OF E	DEATH	03216
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ath It any selection of the Park Park Park Park Park Park Park Park		1810 Kitty Hawk Road			Hawk Road	YES NO X
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5-0 C=		Semale White WiDOWED D VORCED	: :	July 11, 1926		nths Days Hours Min
hin 24 hours and in Item 18 niner's Office of pages 1 ond 2 years after dequh	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		11. BIRTHPLACE (State or fa	reign country)	12 CITIZEN OF WHAT
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ding bedit	-		ree	gy Grimes 191	5 Synder Ave.	Balto, Md. 22
be "pe "pe nief insit		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))  PART L DEATH WAS CAUSED BY  IMMEDIATE (AUSE (a)  DUE TO	1	hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
the	П	(Cand Lans, if any, which gove) (b) Laceration of	14	Var		
te state of the open		nse to immediate couse (o), stating the underlying couse DUE TO		W. C. L.		
ficating (ing )		lost. (c)				
MINER: This cert ficate should the certificate, writing the word 4 should be farworded to the Charfles.  The files.  3 should be used as a buriol-transfer, onton, or removo, ond in any events.	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	TO TH	HE TERMINAL D SEASE CONDITIO	N G YEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES X NO
4= 1 0	STIFI(	20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INRY OCCURRI PRIMARY ☑ ar CONTRIBUTING ☐				
INER: The certific should be files.		CAUSE OF DEATH	ac	e, trunk and	extremities	
EXAMINER: ute the certif age 4 should your files. Page 3 should cremotion, or	MEDICAL	20c TIME OF NJLRY Month, Day, Year 20d INJURY OCCURRED 20e While Not While Pa	PLACE foctor I'K	F OF NJURY (Mome, form ny, street, affice bldg., etc.)	20t (City or town)  - Ba	(County) (Store) altimore Md.
MEXICAL EXAMPLES AND PLEASE OF THE PROPERTY OF		21. I certify that I took charge of the remains described above,	held	d on Autopsy 🕱 , In	spection , Inquiry	ond in my opinion
se exector. Percent for hed for ECTOR: burrol,		death resulted from Notural couses [ ] , Accident [ ] , S	U.CIC	de 🔲, Homicide 🔀	, Undetermined manni	er 🔲
MEV lease direction foins to b		ACTUAL		CHIEF MEDICAL EXAM		AS DATE CLOSED
ory, planeral de reigne prior		SIGNATURE , celle ) lelly		_M.D ASS STANT MEDICAL E	_	22. DATE SIGNED 3/30/67
O DEPUTY MESTAL EXAM necessory, please execute the funeral director. Page 4 5 moy be retoined for your 5 FUNERAL DIRECTOR: Page Health prior to buriol, cremo		NAME (Type) Charles S. Petty		DEPUTY MEDICAL EXA Address (Street, city,		3/30/0/
necessor the function of the f	23	BURIA., CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CI	REMATORY 2	3d COCATION (City or Town)	(County) (State)
	-	EMOVA (Spec fy) 443/67 Gay-Yost Fu	ıne		Rocky Mount,	N. C.
VR A15ME (5) 6M 1/67	Br	uzdzinski Funeral Rome 1407 Eastern Av	∕e.	2So, REC'D BY F	REGISTRAR 2Sb. REGISTR	ar's signature
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03217 CERTIFICATE OF DEATH 03224 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death pup 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY Baltimore Maryland Baltimore MARYLAND Pagest c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 1b campletely filled in by the ave carban papers. Page y event, within 72 haurs a write RURAL and give negrest town)
Halethorpe Halethorpe d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1403 Avon Court 1403 Avon Court YES NO 4 DATE NAME OF Middle Last Month Opv Year remove carban DOROTHY A. GRIMM campletely DECEASED March 5. 10 67 DEATH (Type or print) IF JNDER 1 YEAR | IF UNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH b rthday) Months Hours 12-19-1909 Female. White WIDOWED K DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? A. INDUSTRY Pennsylvania RETTRED CASHIER 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ida Barnhart Ira Rager 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service) Mrs. Ida A. Rager, 1403 Avon Court 21227 210-0970-49 Ь cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I DEATH WAS CAUSED BY signed by the burnal-transit p IMMEDIATE CAUSE (a) DUE TO obstruction metastatic Caren Conditions, if ony, which gave nse ta immediate cause (a). DUF TO stating the underlying cause as the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has PERFORMED? YES NO ficate 5 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INIURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Dov. Year Hour 'a.m. foctory, street, affice bldg., etc.) Not While at wark at work L.J , ta March 5, 1967, that (1) (+re) las 21 I certify that (1) (this hospital) attended the deceased from be retained saw the deceased alive an March 4 19 67, and that death occurred at 2:30 AM, from causes and on the date stated above TO FUNERAL DIRECTOR: 22b DATE SIGNED 22a SIGNATURE M.D. DIRECTOR PH/S director, page should be filed 1264 Francis Ave A Bradley Daugharthy NAME (Type) 23d LOCATION (City or Town) (County) (Si Westmont, Johnston Penna. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, Grandview Cemetery 3-8-1967 ADDRESS 25g REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b 24. FUNERAL DIRECTOR 4107 Wilkens Ave. VR A15 (4) 25M 1/67 Howard H. Hubbard 1967

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove arban papers. Pages I and 1 PLACE OF GEATH o. COUNTY Baltimore Maryland b COUNTY MARYLAND papers. Pages 1 in 72 hours after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Baltimore 21206 e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in baspital, give street address) d STREET ADDRESS 5600 Gardenville Ave. St. Joseph Hospital YES NO 4. OATE ease remove arban and in any event, with Lost Month Dov Year DECEASED
(Type or print) 0F Matthew GUERIN James March 1967 OFATH even S SEX 6. COLOR OR RACE B. OATE OF BIRTH 9. AGE (In years IF JNDER I YEAR IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED lost birthday) 82 yrs. Months Covs Hours July 7, 1884 WIDOWED Male White 11 BIRTHPLACE (County & Stote, or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o. USUA, OCCUPATION (Give kind of work done during most of working life, even if retired)
Stationery Engineer Continental Gil Co. Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME remaya). Matthew Guerin Margaret Lyons 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wor or dates of service) 5 213-05-3965 Mary Guerin, wife, above (nee Freyer) no INTERVAL BETWEEN 18 CAUSE OF OEATH (Enter only one couse per line for (o), (b) and (c),) PART I. DEATH WAS CAUSED BY: ONSET AND CEATH Pulmonary Embolism IMMEDIATE CAUSE (o) DUE TO Recurrent Myocardial Infarction Conditions, if any, which gave a (b) rise to immediate cause (a), DUF TO stating the underlying couse far use as the little Health priartal ar attending this certificate has been Coronary Thrombosis 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO far 200 ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF CEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Ooy, Year 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o.m. Not While of work O FUNERAL DIRECTOR: After 1967 , ta 21 | certify that 20 (this haspital) attended the deceased from 2/24/ 1967, that (M (we) last be retained 19 67, and that death accurred at 3:45 M, fram causes and an the date stated above saw the deceased alive an\_ 22b. DATE SIGNEO 22o. SIGNATURE STAFF PHYS. MED. March 1, 1967 MO. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 NAME (Type) Lawrence F. Misanik, M.D. directar, shauld be 230. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 3/4/67 New Cathedral Cemetery Baltimore, Md. 24. FUNERA DIRECTOR
Schimunek Funeral Home
3331 Brehms Lane #13 **ADDRESS** 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Risales Judge VR A15 (4) 20 M 1/66 MAR 1967 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Baltimere b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Menreeville Catensville. filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 422 House of Pines Nursing Home within Fieldstene Dr. NO T YES completely to ve carbon p NAME OF DECEASED Middle DATE Month Year Last DF DEATH event, 13. 67 Marv Frances Hanzlik March (Type or print) 19 He executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 9, 7. MARRIED A NEVER MARRIED last birthday) Months Hours Days in any Female Caucasian 12. 1916 WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) physith please Housewife Washington. D. C. USA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal n signed by the attending burial-transit permit. Ther burial, cremation, or remov Arthur E. Maccubbin Emm2 Frester 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) \((((If yes plye war or dates of service))) 16, SOCIAL SECURITY NO. 17. INFORMANT Address death Mr. Henry Hanzlik. Same as #2 no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) the bu gave rise to immediate DUE TO (a), stating as th underlying cause last. this certificate has detached for use as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO. YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour a.m. After Id be d While Not While OR ATTENDING be retained by at work at work J FUNERAL OIRECTOR: Afti director, page 3 should be should be filed with the S 1965 3-13 1967. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from \_. to\_ 1967, and that death occurred at 256M, from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 4 may **ADDRESS** PHYSICIAN'S 22d. TO FUNERAL director, p NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. Mar. 16, 1967 Hill Cemetery Maryland IVY Laurel REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR 25a. Hareld S. Wade. 550 Wash. Blvd. Laurel. Maryland DATE MAR VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03227 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death puo 2 USUAL RESIDENCE (Where deceased lived, if institution: PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY Maryland Baltimore MARYI AND popers. Pages 1 In 72 hours ofter signed by the ottending physician and completely filled in by the buriol-transit permit. Then please remove corbon papers. Pages b CITY OR TOWN (If outside carparate limits, write\_PURAL and give nearest town)
Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 21206 d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 5700 East Ave St. Joseph Hospital YES -NO 3 NAME OF 4. DATE Month Doy Year (Type or print) 67 HARANT March 19 John 19 DEATH IF UNDER I YEAR IF JNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years 2 Months Hours October 22, 1887 white or remayal, and in any male WIDOWED DIVORCED 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT IDo. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) Products Austria 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Theresa Unk John Harant IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 216-05-3113 Philip Harant 5807 Sefton Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Acute Gastro Enteritis IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gave ) Dehydration rise to immediate cause (a). **DUE TO** stoting the underlying couse be retained by the hospital or attending this certificate has been be detoched for use as the State Dept. of Heolth prior to WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES 🗀 NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) at work TO FUNERAL DIRECTOR: After to Parch 19 21. I certify that (I) (this hospital) ottended the deceased from March 17 1207 sow the deceased alive on March 19 1968 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. March 19, 1967 DIRECTOR 22d. ADDRESS 22c, PHYSICIAN'S director, po should be f 7620 York Rd. Towson 21204 NAME (Type Regalado T. Dizon M.D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) 4430 Belair Road Mar 22, 1967 Holy Redeemer Cemetery MAR 2 1 1967 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 The Dippel Brothers Inc 7110 Belair Road



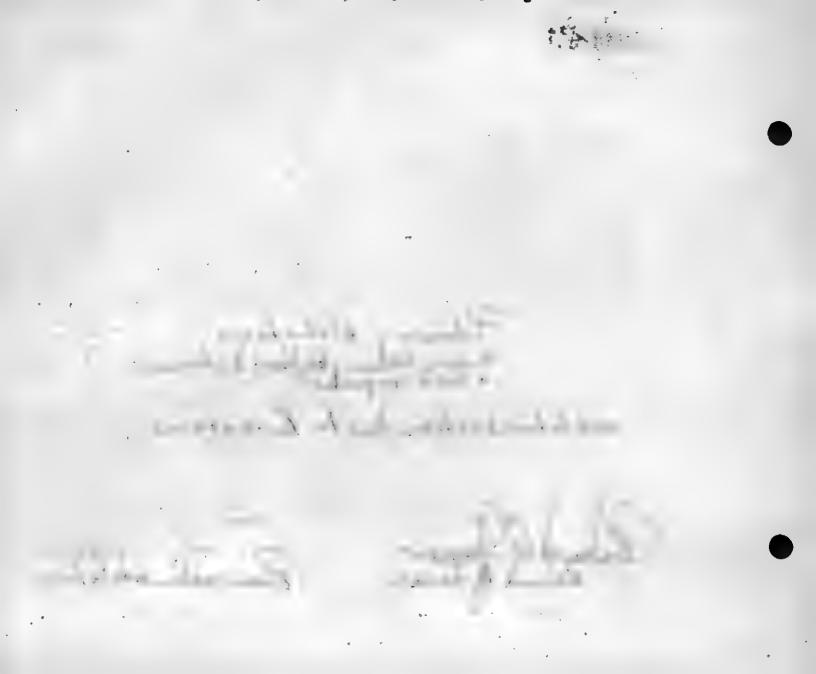
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE Md. b. COUNTY Balto. Baltimore after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) emaye carbon papers. Pag any event-within 72 hours Parkville Parkville vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 2815 Garnet Rd. Garnet Road No 🗵 YES completely ve сатбоя в executed within 3. NAME OF First Middle DATE Month Year Last Oav DECEASEO OF DEATH John Harple Ν. (Type or print) 1967 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX OATE OF BIRTH 7. MARRIED 9. NEVER MARRIED 3-6-1912 5 and WICOWED DIVORCED { lease re and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be INOUSTRY during most of working life, even if retired) COUNTRY? USA Fire Dent Marvland Fire Dent removal, MOTHER'S MAIOEN NAME Christina Schlissler John <u>Harple</u> 15. WAS DECEASED EVER INU.S. ARMED FORCES? INFORMANT Address 16. SOCIAL SEGURI been signed by the atten the burial-transit permit. or to burial, cremation, or i (Yes, no. or unkown) 1(If yes give war or dates of service) Sane <u>Alma M. Henning</u> 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a "F'-X 1) I DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. this certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health p YES [ No [ 20a. ACCIOENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) I be detached for State Dept. of H OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) should be Hour a.m. While Not While at work at work OR ATTENDIN TO HOSPITAL OR ATTENDATE Page 4 may be retained TO FUNERAL DIRECTOR: A TO FUNERAL DIRECTOR: A TO FUNERAL DIRECTOR A TO TO THE PAGE 3 Should 1970 to 3 - 13 1947. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNEO 22a. SIGNATURE director, page Should be filed v ATTENOING STAFF PHYS. PHYS. M.D. DIRECTOR PHYSICIAN'S 22d. AUDRESS NAME (Type) 8106 Harford Road 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Md Baltimore Baltimore **ADORESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

1 3

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03229 CERTIFICATE OF DEATH 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) impletely filled in by the funeral ve carban papers. Pages I and event, Within 72 haurs afterdeat G COUNTY Baltimore County o. STATE MARYLAND b (ITY DR TDWN (If outside corporate limits, c. LENGTH DF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Mount Wilson e IS RESIDENC d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM YES NO Mount Wilson State Hospital 3. NAME OF DECEASED DATE Year Lost (Type or print) DEATH requires that the death certificate be executed 9. AGE (In years S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEWPR MARRIED remove Doys Hours WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote or foreign country) 12. CITIZEN OF WHAT 106, KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done COUNTRY 1 please during most of work entire revenut refit to **INDUSTRY** URGINA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SD CIAL SECURITY NO (Yes, no, or unknown) ((If yes give wor or dates of service) Records. Mount Wilson State Hospita INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave ? rise to immediate cause (a). DUE TO stoting the underlying couse t te O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COMPITION GIVEN IN PART, I (o è 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e PLACE DF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY DCCURRED foctory, street, office bldg , etc.) Hour o.m. Not While 21. I certify that (I) (this haspital) aftended the deceased fram OMM, from causes and an the date stated above saw the deceased alive an\_ and that death occurred at a 22b DATE SIGNED 220 SIGNATURE STAFF PHYS ATTENDING MED DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c PHYSICIAN'S Wm Newcomer Mount Wilson, Maryland 23d. LOCATION (City or Town) 230. BUR, AL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Page / 23b DATE THEREOF REMOVAL (Specify) Calvary Cometery 16/67 Anne Amindel 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 William C. March 928 E. North Ave.



<sub>22</sub> 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
(# ANA		03230 CERTIFICATE OF DEATH 03223
E E	2	PLACE OF DEATH  a. COUNTY  Baltimore  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE  b. COUNTY
ithin 24, hours after death. stely filled in by the Kinekal bon papers. Pages 1 and 2 within 72 hours after death.	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hours	-	Owings Mills 1 year Laurel  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE
n 24, h filled papers hin 72 l		Rosewood State Hospital 7602 Brooklyn Bridge Rd. VES NO.
completely vecents, with	3	NAME OF DECEASED Company Teresa Lynn HAYWOOD 4. DAY Year 10 10 1967
executed within and completely removes about any event, within any event, within	5	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH  Female White WINDWEG D NEVER MARRIEO 2/23/62  9. AGE (In years IF UNDER 17 EAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
ath certificate be executed within attending physician and completely rmit. Then please remove appropring or removal, and in any event, within		Da. USUAL OCCUPATION (Give kind of workdone in the line of the lin
certificatiding phy Then premoval	] 1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
cert indin rem		Noel Haywood ORNDORFF, Patricia Ann 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
death ne atter permit.	- [	(15, mo, or unknown) ((If yes give war or dates of service) Rosewood Records Owings Mills, Md.
he y th		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  UNCLEY A AFRICA FAS 25
The law requires that the or attending physician. sate has been signed by to use as the burial-transit salth prior to burial, crema		Conditions, if any, which gave rise to immediate (b) Gastric thereavy bladder distance Levinial
is se e ≤	2	cause (a), stating the DUE TO The Call im Pacific W
, CIAN: The law ospital or atten certificate has hed for use as to of Health prior to of Health prior	/ CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  105-1-4-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0
iclan: nospital certifi shed fo pt. of H		
TO HOSPITAL OR ATTENDING PHYSICIAN: The la Page 4 may be retained by the hospital or att To FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health page 13 should be filed with the State Dept.	MEDICAL	
TTENDI stained TOR: A should th the		21. Certify that W (this hospital) attended the deceased from 3 - 10 , 1966, to 3 - 10 , 1967, that M (we) last saw the deceased alive on 19-10 , 1967, and that death occurred at 133 MM, from the causes and on the date stated above.
IL OR A ay be re DIREC Sage 3		22a. SIGNATURE  ATTENDING MED. STAFF 22b. DIRECTOR PHYS. DIRECTOR
TO HOSPITA Page 4 ma O FUNERAL director, p	}	220. PHYSICIAN'S NAME (Type) Pland A TOYES 220. ARDRESS NAME (Type) State Hosp.
TO HOSP Page 4 TO FUNE directo should		Burial (Specify)  Burial (Specify)  3/13/67  23c. Name Of CEMETERY OR CREMATORY  Burial (Specify)  St. Peters  23d. LOCATION (City, town or county)  Westernport,  Md.
VR AI5 (4)	7	A. FUNERAL DIRECTOR  Westernport, Md.  Westernport, Md.  Westernport, Md.  ADDRESS  Westernport, Md.  Westernport, Md.
20M 1/65	1-	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) the funeral o. COUNTY b. COUNTY o. STATE Baltimore Baltimore OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often MARYLAND b. CITY OR TOWN (If gutside carparate timits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) Rockdale 21207 Rockdale d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 3526 St. James Road 3526 St. James Rd. NO DE NAME OF Middle Last 4. DATE First DECEASED OF DEATH (Type or print) McLean Havworth March IF JNDER I YEAR S SEX 6 COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH AGE ( n years LIF UNDER 24 HRS 7 MARRIED last birthday) Dovs White WIDOWED DIVORCED 7/2/1900 Male 10g USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Retired Bus Driver Baltimore Transit Blue Island, Cooks Co. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM Lillie May Shoppert Walter Hayworth 15 WAS DECEASED EVER IN 5 ARMED FORCES? (Yes, no, ar unknawn) ((If yes give war ar dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Mary E. Hayworth-3526 St. James Rd INTERVAL BETWEEN DNSFT AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for. (b)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the hospital or attending physicion DHE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause this certificate has been WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES F NO / wo 20g ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at work TO FUNERAL DIRECTOR: After be retained by 21. I certify that (I) (this haspital)/attended the deceased fram 5 and that death occurred of 2:154 M, fram causes and on the date stated above saw the deceased alive on 220. SIGNATURE 22b DATE SIGNED STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr Benjamin Siegel 15 Greenwood Rd. Balt. Md. 230. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Burial Mt. Olive Randallstown 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Loring Byers-8728 Libert / Rd. Randallstown. 1967 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03225 CERTIFICATE 03257 OF DEATH mayires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY ... o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits E LENGTH OF STAY IN 16 CITY OR TOWN (If autside carpagate limits, write RURAs and a ve nearest town) filled in by the papers. Page thin 72 hours write RURA, and give negrest town I MONIGIN more d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE within 72 ON A FARM? MAC YES NO K NAME OF Middle DATE Month Dov Year completely DECEASED 0F 30 AULINE (Type or pnnt) 5 DEATH SEX 6 COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED AGE (In years IF UNDER 24 HRS 13 remove last birthdoy) Months and in any WIDOWED DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 13 SIRTHPLACE (County & State, or foreign country) during most of working life even fretired) INDUSTRY COUNTR) TIRE 13. FATHER S NAME or removal, 150N 00 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17\_ INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 215-18-18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) INTERVAL BETWEEN buriol-transit PART I DEATH WAS CAUSED 8Y-ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO signed burial. Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying couse the prior to lost. 19 WAS AUTOPSY PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES NO: PHYSICIAN: certificate 5 20g ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER B 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (State) (County) GH/ Hour o.m. While Not While factory, street, affice bldg . etc ) of work at work 21. I certify that (W (this hospital) attended the deceased fram 19 67 10 19.62 hat (I) (we) last be retoined 19 67 and that death accurred at 13,150 M, fram causes and an the date stated above. sow the deceased alive on\_ 220 SIGNATURE **ATTENDING** M.D. **PHYS** poge 22d, ADDRESS 22c PHYSICIAN'S O HOSPITAL Page 4 may should be fil BRUCE FUNERAL G. B. M.C. EREK. NAME (Type) rector, 230 BURIAL CREMATION. 23b. DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4-3-67 Baltimore, Md. Parkwood ₽ Parkville. 0 24. FUNERAL DIRECTOR ADDRESS 2So REC'D 8Y REGISTRAR 25b. REGISTRAR'S S GNATURE Wm. Cook-Brooks Towson, Towson, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03559CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n. COUNTY a. STATE **b** COUNTY Baltimore County Maryland Baltimore MARYLAND PHYSICEN: The law requires that the death certificate be executed within 24 hours after pletely filled in by the fl carbon popers. Pages i vent, within 72 hours after c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits. ELENGTH OF STAY IN 15 write RURAL and give nearest lown Parkville Parkville d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 8312 Overmont Road NO V YES Overmont Road NAME OF Middle 4. DATE Dov Year completely DECEASED OII DEATH 3/26/67 GRACE HEILMAN (Type or print) S SEX AGE (In years IF UNDER 1 YEAR TIFTINDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lest birthday) 7/30/1883 white WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? office cierk retired Maryland
Maryland
Maryland II.S.A cremotion, or removol Joseph Switzer Catherine Duval IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) 219-01-4846 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY arcimona of IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) rio-Oclerous, Chrinic myo cas dates NO K 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 1) of item 181 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Month, Day, Year (City or fown) (Caunty) Hour 'a.m. While at work at wark factory, street, affice bldg , etc.) TO FUNERAL DIRECTOR: After to 3/26/67, 19 , that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from\_ saw the deceased alive an 3 , and that death accurred at 3 H M, from causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED director, page 3 should be filed v DIRECTOR M D 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 641 Frederick Ave Andres E Callas 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) 3/29/67 Moreland Memorial Pk Parkville, Balto, Co.Md 25a. REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 F. EVANS & SON 8802 Harford Rd



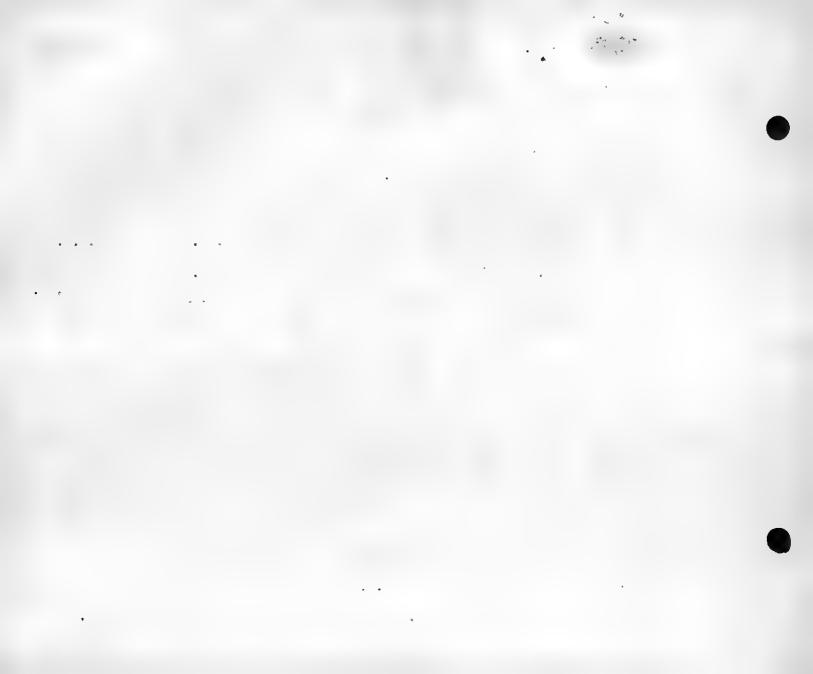
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH attending physician and campletely filled in by the funeral permit. Then please rengove carban papers. Pages 1 and 2 an, or remaval, and I any event, within 72 haurs after death. law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY Baltimore o. STATE Maryland o. COUNTY Baltimore MARYLAND t CITY OR TOWN (If outside carporate limits write RURAL and give nearest town) b. CITY OR TOWN (If guisse carparate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest town)
Towson (rural) Towson (rural) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Mussula Road ... 21204 1637 Mussula Road -- 2120h NO [29 4. DATE Middle 3 NAME OF First Last Manth Year 27 DECEASED HEMING March (Type or print) DEATH IF UNDER 1 YEAR | 1F UNDER 24 HRS. 8. DATE OF BIRTH 9 AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED Months Haurs white April 2 8. 1877. male WIDOWED DIVORCED 12. CITIZEN OF WHAT 1) BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work dane COUNTRY TUSA during most of working (Te. even if refired)
Retired Stationary Eng. INDUSTRY American Smelting Co. Holland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Katherine John Heming 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no. a takenawn) (If yes give war or dates of service) 212-10-1472 Address 16 SOCIAL SECURITY NO 17 INFORMANT (Same) Mrs. Catherine B. Heming INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
 PART! DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause as the priar to t **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While at work Of work , 19 . . . , to 2 . . . . . . , 19 . . . , that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_\_ saw the deceased alive an \_\_\_\_\_\_\_\_19\_\_\_\_, and that death occurred at \_\_\_\_\_\_ M, from causes ond on the date stated above. 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** M.D. 22d. ADDRESS 22c PHYSICIAN'S 8400 Loch Raven Blvd., 21204 Dr. Joseph F. LiPira NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL CREMATION, 23b. DATE THEREOF Baltimore. Md. PENOVAL (Specify) Holy Redeemer Cemetery 3/30/67. 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc .-- Baltimore, Md. -21214



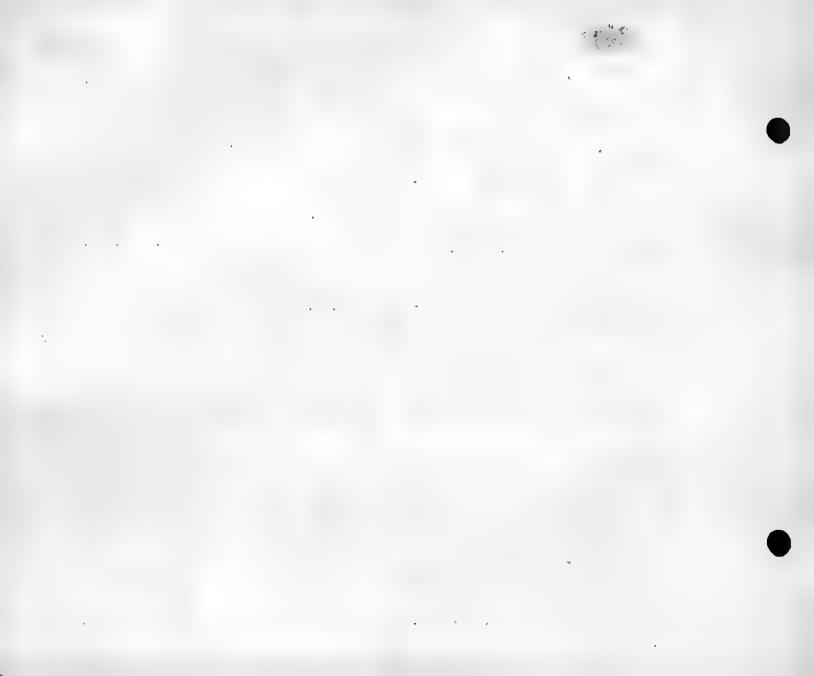
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed eved, it institution Residence before o. COUNTY b COUNTY Maryland Baltimore BALTIMORE the State Department of MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Pikesville Pikesville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d STREET ADDRESS e, writing the ward 'pending' in penal in Item 18. Give Pages 1, 'farwarded to the Chief Medical Examiner's Office along with farm ON A FARM? 11 7108 Plymouth Road NO X in Hem 18. Give Pages 7108 Plymouth Road NAME OF 4 DATE Lost Month Year Jehanna DECEASED 19 67 HERETICK March IRENE (Type or print) DEATH DATE OF BIRTH 9. AGE (In years SEX 6 COLOR OR RACE IF UNDER I YEAR F UNDER 24 HRS. 7 MARRIED **NEVER MARRIED** b rthdoy) Hours 3/27/08 White Female WIDOWED DIVORCED ofter deaf 11 B RTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working fe, even if retired) **INDUSTRY** COUNTRY? Institute Homeville, ra. File pages 1 Se LO.1 U.S.A. 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME This certificate should be executed within in any event within 72 hours Margaret A. Hucik William J. Heretick 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Affkesvilled . Mid. 16 SOCIAL SECURITY NO (Yes no or unknown) (If yes give wor or dates of service) Hiss Otillia Heretick, 7108 Plymouth Road 140.1<del>0</del> THE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) )
PART I DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND DEATH Gunshot wounds of chest IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse 00 be used crematian, or removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? NO. 200 EXTERNAL CAUSE WAS PR MARY TO OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Port or Port II of item IB) should Shot by unknown assailant 20f (City or town) 20d. INJURY OCC. RRET PLACE OF NIURY (Home form, (County) (Stote) 20c T ME OF NJURY Month, Dov Year foctory street, office bldg , etc.) While 67 of work of work Pikesville, Baltimore, Md. home 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection , Inquiry , and in my opinion FUNERAL DIRECTOR: Noturol causes deoth resulted from Suicide Homicide X Undetermined monner Accident funeral directar may be retained CHIEF MED CAL EXAMINER Health prior ta ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. NAME (Type) Address (Street, city, town, or county) March 3, 1967 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 230 BURIAL, CREMATION. 23d LOCATION (City or Town) (County) St. Charles Cemetery March 6.1967 Pikesville 8.14. VR A 15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03236 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o STATE Maryland b. COLNTY Baltimore County Baltimore 3 to Page MARY AND C LENGTH OF STAY IN 16 c CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, 2, u. P.M3. and write RURAL and give nearest town) Phoenix /Phoenix/ Towson 23 years d NAME OF HOSPITA. OR NSTITUT ON (If not in hospital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Office olong with farm Phoenix Road St. Joseph's Hospital YES TO NO [ G,ve Poges 3 NAME OF Midd e 4 DATE First Month Year DECEASED 19 67 March Charles W. Hicks (Type or print) DEATH 9 AGE (In years 6. COLOR OR RACE B DATE OF BIRTH 7 MARRIED T NEVER MARRIED ost birthdoy) Months Hours in Item 18. White Male WIDOWED DIVORCED Nov.10.1902 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if ret red) INDUSTRY Lower Makefield, Penn. 'pending" in pencil in ef Medical Examiner's Admonistrative Asst. Bendix Radio 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Mary Elizabeth Sternberger Edward Hicks 15 WAS DECEASED EYER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT 16 SOC AL SECUR TY NO within 578-03-5485 Mrs. M. Hicks Same as #2 no 1B CAUSE OF DEATH (Enter only one muse per line to (o), (b), and (c)) PART DEATH WAS CAUSED BY event IMMEDIATE CAUSE (6) forworded to the Ch. writing the ward This certificate should DUE TO ond in ony Conditions, if ony, which gove rise to immediate couse (a), **DUE TD** storing the underlying couse last 19 WAS AUTOPS' PERFORMED? or removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART (6) CATION please execute the certificate, NO F CERT F ( 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of tem 1B) 3 should should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, form 20c TIME DF IN.URY Month, Doy, Year 20d IN.LRY OCCURRED (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21 1 certify that I tapk charge of the remains described above, held an Autopsy ... Inspection and in my apinian Inquiry ( may be retoined for FUNERAL DIRECTOR: death resulted from Suicide . Homicide Undetermined manner Natural causes Acadent funeral director CHIEF MEDICAL EXAMINER 22., DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE Health NAME (Type) CHARLES F. O'DONNELL. M.D. Address (Street city fown or county) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) March 11,1967 St. Josephs Cemetery Texas, Baltimore Ct., Maryland Mm. Cook-Brooks Towson 25b REGISTRAR S SIGNATURE 1050 York Road 250 REC'D BY REGISTRAR Michaelen Towson, Maryland 21204



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03237 CERTIFICATE OF DEATH deoth law requires that the death certificate be executed within 24 haurs after deas physician and campletely filled in by the funerall in please remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence o. COUNTY o. STATE MARYLAND b CITY OR TOWN (If outside corporate limits write RURAL and give peapest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours o d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 060 ON A FARM: YES F NO within NAME OF First DATE Doy DECEASED OF (Type or print) ewent, DEATH SEX 6 COLOR OR RACE AGE (In years 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours Doys and in any DIVORCED WIDOWED IDo USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life\_even if retired) INDUSTRY COUNTRY? 13. FATHER S NAME or remayal. signed by the attending phy burial-transit permit Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMAN1 (Yes, no, or unknown) (If yes give war or dates of service burial, crematian, CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY CORONARY INTERVAL BETWEEN IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician DHE TO Conditions, if ony, which gove (b) rise to immediate cause (o). DUE TO stoting the underlying couse this certificate has been the the af Health prior ta last. g WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO far 20o ACCIDENT WAS UNDERLYING [ 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20c TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg, etc.) at work TO FUNERAL DIRECTOR: After shauld be 21. I certify that (I) (this haspital) attended the deceased fram 196-24 and that death accurred at 35 M. fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE DIRECTOR PHYS director, page should be filed **ADDRESS** 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 230 REMOVAL (Specify) Olive Cemetery Burial 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Loring Byers-8728 Liberty Rd. Randallstown. Md



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03233 law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o STATE **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town physician and campletely filled in by the write RURAL and give negrest town) DWINGS MILLS 13 4rs 4.15 e IS RESIDENCE ON A FARM? d. STREET ADDRESS Contact CoreR ROSEWOOD NO Z 3. NAME OF Middle First Month Year DECEASED illiam March 19 6 ease/ remove car and in any event, IF UNDER 24 HRS S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF JADER 1 YEAR 7 MARRIED lost birthday) Doys 12 WIDOWED DIVORCED 12 CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY CARCLINA USM 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Boges enore IS WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT Address signed by the attend burial-transit permit (Yes, no, or unknown) (If yes give wor or dates of service Rosewood Kecords cremation, 18 CAUSE OF DEATH (Enter only one couse per line, ber (o), (b), and (d) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Conditions, if ony, which gove nse to immediate couse (o), DUE TO stoting the underlying couse for use as the t f Health priar to b FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Not While of work director, page 3 shauld be should be filed with the Stai 27, 1953, to Mak. 8, 1967, that 18 (we) last 2). Leartify that (I) (this hospital) attended the deceased from aug. 19 67, and that deat accurred at 8:30 P.M. from causes and an the date stated above sow the deceased alive on Mar 220. SIGNATURE 22b DATE SIGNED ATTENDING PHYS DIRECTOR L 22d. ADDRESS ZZE PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION, 23b. DATE THEREOR 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) REMOVAL (Specify) BALTE MD DULANEY FUNERAL DIRECTOR REGISTRAMOCTZSb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03240 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND Pages filled in by the papers. Pages thin 72 hours aff b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Golden Ring Golden Ring (Rual Life IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 1109 Mace Avenue 1109 Mace Avenue YES NOC campletely fi lave carban y event, with 3. NAME OF First Middle Last DATE Month Day DECEASED Helen Elizabeth Hilmer 1967 (Type or print) DEATH S. s SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthday) Manths Days DIVORCED 12-6-1876 emale White WIDOWED 🛧 90 rem and in ab 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) physician a Ien please INDUSTRY COUNTRY? during most of working life, even if retired)
Housevife U.S.A Housewife Battimore Co. Marvland 14 MOTHER S MAIDEN NAME 13 FATHER'S NAME burial, crematian, or remaval, Unknown Wendroth Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unknown) (If yes give wor or dates of service) MrssBarbaras Hilmer1109 Mace Avenue July INTERVAD BETWEEN OF SEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause the 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) detached far use te Dept. af Health NO YES | 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Manth. Day, Year (City or town) (Caunty) factory, street, affice blda., etc.) Haur a.m. Not While at wark **DIRECTOR:** After 1967, that (I) (\*\*\*) last JEST WILL 1920 21. 1 certify that (1) (this hospital) attended the decrased from. 19 07, and that death accurred at 4 P. M, fram causes and on the date stated above. saw the deseased alive on. 22a. SIGNATURE MED. DIRECTOR **ATTENDING** r, page 3 be filed s PHYS 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) directar, shauld be 23a BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Golden Ring Baltimore 3-8-1967 25a. REC'D BY REGISTRAR 24. FIINERAL DIRECTOR VR A15 (4) 1 20 M 1/66

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F 670		03238 CERTIFICATE OF DEATH											
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축 · 축 · · · · · ·		no 2/8-0/-/8/0 Dr. J. Bernard H1hn Sr.  18. CAUSE OF DEATH [Enter only one cause, per line for (e), (b), and (c)]  [INTERVAL BETWEEN]											
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高い声音を		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)											
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ept.		21. I certify that (I) (this nospital) attended the deceased from											
A SUP		saw the deceased alive on Many L. 1962, and that death occurred at P. M. from the causes and on the date stated above.											
Shall		22b. DATE											
4 m 2		ATTENDING MED. STAFF TO ME TO SIGNED											
PAGE A	}	22c. PHYSICIAN'S 22d. ADDRESS											
Pas		NAME (Type) J. Henry Haase 2926 East Cold Spring Avenue											
HOSPIT ath. Pag FUNER ector, pe		23a. BURIAL, CREMATION, 23b DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)											
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1314 7-02	1 10	Hellry Sander & Sons Inc. Baltimore Md. MAR 13 1301											

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after deoth. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY b COUNTY o. STATE Maruland MARYLAND within 72 hours aft **b. CITY OR TOWN** garage carparate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) negrest towar Baltimore filled in d STREET ADDRESS B. IS RESIDENCE ON A FARM? INSTITUTION (If not in haspital, give street address) 5408 CLOVER ROAD NO. NAME OF Middle 1ost 4. DATE Month Year DECEASED (Type or print) requires that the deoth certificate be executed SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH AGE (In years IF JNDER IF UNDER 24 HRS last birthday) Months Days Hours DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? RUSSIA 14. MOTHER'S MAIDEN NAME buriol, cremation, or remavol PAULA WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 3415 WASHINGTON AVENUE 18. CAUSE OF DEATH (Enter only one couse per line for NTERVAL BETWEEN signed by the burrol-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse os the prior to b WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES F NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, Form, (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) Haur a m. Not While factory, street, affice bldg., etc.) at work at wark 19 10 WEKE 17 21 1 certify that (1) (this hospital) attended the deceased fram. 19 to 1, and that death accurred at 1.5 3 M, fram causes and on the date stated above saw the deceased alive an 22a SIGNATURE 226 DATE SIGNED ATTENDING director, poge 3 DIRECTOR PHYS PHYS. 22d ADDRESS 22c PHYSICIAN S FUNERAL NAME (Type) VR A15 (4) 25M 1/67 1967





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11-			DIVISION O	F VITAL RECORDS 301 W. PRES	STON STREET, BALTIMORE, A	MARYLAND 21201	
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10	al or ottending icote has been for use as the Health prior to		PART II OTHER SIGNIFICANT CONDITIONS CO		TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS ALTOPSY PERFORMED?
Z.	al or officote ha for use Health	2	200 ACCIDENT WAS UNDER YING  OR CONTRIBUTING MEDICAL SE OF DEATH OF ENTIRE NOTIFE MEDICAL SE AMMIREN	AND DESCRIPE HOW MILITAY OCCUPA	ED. (Fator action of calculation in Dark Lo	Don't If of Jane 10 )	YES NO Z
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OR ATTENDING PHYSICIAN: The low requires that the death certificate he executed within 24 hours.	by the hospital or attending fter this certificate has been be detached for use as the State Dept, af Health prior to		20c. TIME OF INJURY Manth, Doy, Year Haur a.m.	While Not While	PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)	20f, (City or town)	(County) (State)
SNIC	After After I be d State		pm. 17	ital) attended the deceased from	8-26-196-	/ to 3-3/	1967, that (I) (we) la
- I	med OR: 4 ould the		saw the deceased alive an	3-91- 187, and 1	hat death accurred at 2.50	LM, fram causes and	an the date stated abov
	may be retained  RAL DIRECTOR: A  page 3 should be filed with the		220 SIGNATURE	<b>.</b>	M.O. PHYS PHYS DIRECT	OR STAFF	OATE SIGNED
	y be		22c. PHYSICIAN'S	10 N 18	22d. AODRESS		1
Tids	4 may VERAL Tor, por	- /	NAME (Type) Witness 1	s. Gallager, M.	3. 6207 Freder	ek an Ball	- 28, Mdv
O HOSPITAL	Page 4 may be retorned to FUNERAL DIRECTOR: director, page 3 should should be filed with the		230 BURIAL, CREMATION, 23b OATE THEF REMOVAL (Specify)  BURIAL  CHEMICAL  CH	REOF 23c NAME OF CEMETERY	or crematory 23	d. LOCATION (City or Town)	(County) Store)
1	VR A15 (4)	0	24. FUNERAL DIRECTOR	AODRESS	250. RECO BY RE	GISTRAR 2563 ALGUSTRA	AR'S SIGNATURE
	25M 1/67	W.	Henry J. Eckhardt	Owings Mills	Md Date 11 4	1001 //	() ()

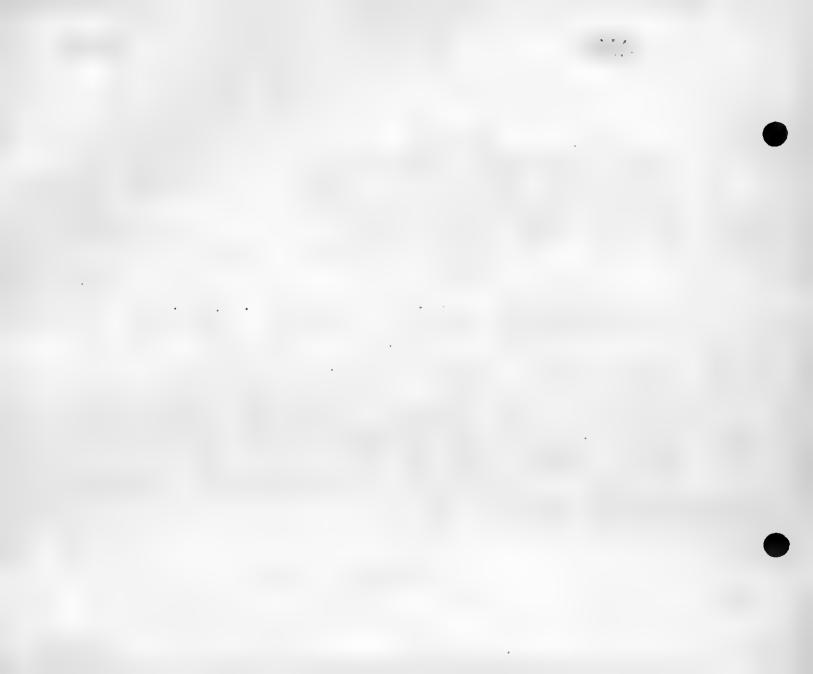


11 1	MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3	EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MARYLAND	21201							
a AM	03244 CERTIFICAT	E OF DEATH	03237							
naurs after death by the funeral Rages 1 and haurs after death	PLACE OF DEATH  o. COUNTY  Baltimore  MARYLAND  b. (ITY OR TOWN If outside corporate limits.   C. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where deceased lived, if institution: Reso. STATE New Jersey b. COUNTY  C CITY OR TOWN (If outside corporate limits, write RURAL and	Union							
within 24 haurs after say rilled in by the fur papers. Pages 1 within 72 haurs after	write RURAL and give nearest tawn)  **ROWNEGATE 1.11** herville  d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Summit d. STREET ADDRESS	e IS RESIDENCE ON A FARM?							
ecuted within 2 completely Filler tayle completely Filler y event, within	3 NAME OF First Middle DECEASED (Type or print) Laura Exerct Hood	lost 4 DATE Month OF DEATH March	Day Year 2 Z 1967							
and camp	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Nov. 8, 1883 Sast birthday) Mont	IDER I YEAR IF UNDER 24 HRS ths Doys Hours Min.  2 CITIZEN OF WHAT COUNTRY?							
ertificate be physician c nen please caval, and i	Homemaker Home  Benjamin A. Bentley	New York  14. MOTHER'S MAIDEN NAME  unknown	U.S.A.							
e death cr attending sermit. Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) No									
Page 4 may be retained by the hospital ar attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carpoletely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remaye cather papers. Pages 1 and should be filled with the State Dept. of Health prior to buriol, cremation, ar remayal, and in any event, within 72 haurs after death.	18. CAUSE OF DEATH (Enter only one cause per line for (o) (b); and (c)?  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove is to immediate cause (a), storing the underlying cause lost.  (c)	Jemonkogé rosis	INTERVAL BETWEEN ONSET AND DEATH							
IN: The I I ar aften cate has I ar use as dealth pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  CONTRIBUTING TO DEATH  205. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINED)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  (Enter nature of injury in Port I or Port II of item 18.)	19 WAS AUTOPSY PERFORMED? YES NO							
IG PHYSICIA the hospita r this certifit detached fi	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. Pl	ACE OF INJURY (Hame, farm, Litary, street, affice bldg., etc.)	(County) (State)							
FO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior to	21. I certify that (I) (this hospital) attended the deceased fram									
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fil	22c. PHYSICIAN'S NAME (Type) Laurence C. Post, M. D.  23a BURIAL CREMATION, PRINCE THEREOF PROPERTY OF CEMETERY OF CAMETERY OF CAMETER OF CAMETE	6805 York Road, Baltimore R CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)							
VR A15 (4) . 20 M 1/66	BUNCTUS Pedity) Mar. 25 1967 Evergreen C 24 FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks Towson, 1050 York Road Towson, Maryland	25g. REC'D BY REGISTRAR 25b. REGISTRAN	R'S SIGNATURE							



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03238 CERTIFICATE OF DEATH 03245 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn Baltimore 21234 Carney d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM2 d STREET ADDRESS 2904 Cub Hill Road 2904 Cub Hill Road YES NO 🏗 NAME OF First Middle Last 4. DATE Manth Year Doy DECEASED (Type or print) MAE OF DEATH FLORENCE HOOPER 1967. March 15. crematian, ar remaval, and in any even IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthday) Manths Hours White July 13, 1880. Female WIDOWED TX 10o JSJAL OCC JPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? USA INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Beedle Georgiana G. Waldtjen signed by the attending phy burial-transit permit. Then burial, crematian, ar remava 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, pe ar unknawn) (If yes give war or dates of service) Mrs. Gertrude Welsh (Same) 212-09-1204D INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter any one cause per line far (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO € Canditians, if any, which gave rise to immediate couse (o), stating the underlying cause stached far use as the Dept. af Health priar ta has been WAS AUTOPS!
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 15, 19 1, to 15, 19 67 that (I) (we) loss saw the deceased alive an 15 1967, and that death occurred at 1124 M, from causes and on the date stated above be retained 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** STAFF PHYS DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S Willard Applefeld NAME (Type) 5901 Park Heights Ave. directar, shoufd b 23b DATE THEREOF 3/18/67. 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Tawn) (County) (State) Baltimore, Md. Parkwood Cemetery 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Leonard J. Ruck. Inc. Balto. Md. 21214





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film # ÖF CERTIFICATE 03247 DEATH requires that the death certificate be executed within 24 haurs after death by the funeral . Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND h. CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN outside corporate limits, write RURAL and give nearest town) filled in I d. NAME OF HOSP TAL OR INSTITUTION (If not up hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO I YES | physician and campletely fen please remove carban 3. NAME OF Middle 4. DATE Year **DECEASED** 196 (Type or print) DEATH S. SEX 6 COLOR OR RACE AGE ( n years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 36 lost birthday) Doys Hours WIDOWED DIVORCED 100 LSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remova the attending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17 INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO storing the underlying couse O FUNERAL DIRECTOR: After this certificate has been detached far use as the re Dept, af Health priar to last. 19. WAS ALTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Doy, Year Hour o.m. Not While factory, street, office bldg., etc.) of work of work 21. I certify that (1) (this haspital) attended the deceased from Fig. 1981 to March \_, 19<u>△∠</u>, that (I) <del>(we</del>) last 19 6 2, and that death accurred at 5 PM, fram causes and an the date stated above. saw the deceased glive an file. 22b. DATE SIGNED 220 SIGNATURE ATTENDING director, page 3 shauld be filed v MD. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION 23a, BUR, AL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) unia & 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03248 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a STATE b. COUNTY Baltimore Baltimore Maryl and **MARYLAND** b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Overlea Overlea d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Kenwood Avenue Kenwood Avenue YES NO 3. NAME OF Middle 4. DATE OF Last Day Year DECEASED Alice DEATH Hunt S. SEX IF UNDER 1 YEAR IF UNDER 74 HRS 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Manths Days remov DIVORCED and in any White WIDOWED emale 8-3-1897 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** attending physician termit. Then please Housewife Housewife W. Va. Huntington
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, Unknown Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service) Mrs John Mergler 6008 Westwood Avenue 6 No 233-07-1169DL INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) attending physicion. DUE TO Canditians, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause be detached for use os the Stote Dept. of Health prior to hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) O FUNERAL DIRECTOR: After this Haur a.m. factory, street, affice bldg., etc.) Nat While at work 2) I certify that (1) (this haspital) attended the deceased from 170-1130, 1966, to 1712-ch, 1967, that (1) (we) last director, page 3 should should be filed with the Merch 3 19 67 and that death accurred at 7.05 M, from causes and on the date stated above. saw the decepsed alive on. 22a. SIGNATURE 22b DATE SIGNED MED. DIRECTOR STAFF M PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (State) Gardens of Faith Cemetery Baltimore SE REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE P 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 03242 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission requires that the death certificate be executed within 24 haurs after deat PLACE OF DEATH SOUNTY **b.** COUNTY o. STATE the attending physician and completely filled in by the fun sit permit. Then please remave carban papers. Pages 1 MARYLAND ELENGTH DE STAY IN 15 c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits ban papers. Page within 72 haurs a e IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES | NO TX Doy NAME OF Year OF DEATH DECEASED 19 (Type or pont) ×1006. IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH 9. AGE (In years 6. COLDR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Hours in any e DIVORCED WIDOWED 12 CIT ZEN OF WHAT 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 10o JSUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) INDUSTRY HE4574-1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paylow SK 16. SDCIAL SECURITY ND. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service 1225 Hanbert crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) far use NO X 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20e. PLACE OF INJURY (Home, form, 20f. 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased from\_ 7-, 1961., to\_ 67. 1967, that (1) (we) last 19 67, and that death occurred at 6.10 PM, from causes and an the date stated abave. saw the deceased alive on\_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Auns Arunde Glen Havey Menerial 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 c

MARYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Pages 1 and 2 pleiely filled in by the funeral carbon, papers. Pages 1 and carbon, papers, Pages 1 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 should be detached far use as the burial-transit permit. Then please remave car

VR A15 (4) 25M 1/67

03250 CERTIFICATE OF DEATH 03243

24°	_	4000					00020								
r deat		LACE OF DEATH COUNTY	Baltin	nore			MARYLAND	CTATE	Mary 1		d lived, if institu b (0)			adm ssion)	
es offe	Ь	CITY OR TOWN	(If autside cor	parate limits		Le LENGTH DE S		11			limits write R	IRAL god on			
Pag ours c		b CITY OR TOWN (If autside corporate limits, c LENGTH DF STAY IN 1b write RURAL and give represt town)  Arbutus							c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest town)  Arbutus						
n 72 h	d.	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)  1033 Courtney Road							d STREET ADDRESS  1033 Courtney Road  e S RESIDENCE ON A FARM? YES NO						
T, with	DE	AME OF ECEASED ype or print)	Ber	n <b>ar</b> d Fi	i Jol	ns on, S	r.	Last		4. DATE OF DEATH	March		Doy	Year 19 67	
ny ever	S SE Ma		6. COLOR O		7 MARRIED WIDOWED	NEVER MA	RRIED	8. DATE OF BIRTH 9-15-19		9.	AGE (In years last birthday) 56 yrs	IF UNDER Manths	Doys Doys	Haurs Min	
and in a	10a t during	usual occupation of most of working Machin	N (Give kind of a life, even if ref 15 C	work done tired)		IND OF BUSINESS ( IDUSTRY	OR .	11. BIRTHPLACE	(County & : Mary 1		ign country)		OUNTRY?		
) o j	13. F	FATHER'S NAME				14. MOTHER'S MAIDEN NAME									
hen		Bradley T. Johnson, Sr.						Mary C. Faegans							
rmit. T	1S V (Yes,	WAS DECEASED EN na, ar unknawn	ER IN U.S. ARMI (If yes give w	ED FORCES? ar ar dates a	f conuco)	SOCIAL SECURITY I	nformant Bernare	d Joh	nson,		ress 33 60	urtn	ey Rd.		
directar, page 3 should be detached far use as the burial-transit permit. Then please remave cathon-papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.	I s	PART 1. DE  / G =  Conditions, if an inse to immedia storting the understanding the	y, which gave ate cause (a),	DUE	TO P2	nay	na to	te-		gner	alize	.Q	DNS	ET AND DEATH	
use as	CATION	PART II OTHER	SIGNIFICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISE	EASE COND	ITIDN GIVEN	IN PART 1(a)		19 YE	WAS ALTOPSY PERFORMED? S NO	
hed far it. af He		ZDO ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	G □ CAUSE OF D Y MEDICAL EXAM	DEATH MINER)	20b DI	SCRIBE HOW INJUI	RY OCCURRED	(Enter nature of H	njury in Pa	nrt I ar Port	II of item 18)				
e detac	MEDICAL		ı.m. ı.m.	19	While at wor	k 🔲 at work	fact	CE DF INJURY (Har ary, street, office bl	ldg , øtc.)		(City or town)	ì	(אנטרם	(State)	
te St		21. I cert	<b>ify</b> that (I) deceased all	(this hospive on	pitol) atten ≥	ded the deceo	sed from and that	Jean t death account	, 19, red of 8	57, to	from couses	ond on 1	the dote	ot ( <del>I)</del> (we) los stated above	
21. I certify that (1) (this hospital) attended the deceased from Jewy, 1957, to sow the deceased alive on 3/14/1967, and that death accurred at 8-24M, from configuration of the south accurred of 8-24M, from co							-> STAFF C	22b. DATE SIGNED							
ir, page		22c. PHYSICIAN NAME (Typ		Jame	s M. F	rederick		22d. ADDRE		cancis	Avenue	Bal	to.,	Md. 27	
directo	23a	BURIAL, CREMAT REMOVAL (Speci BURIAL	fv)	6. DATE THE 3 <b>- 17</b> -		23c NAME OF Meado		Cemeter	У	23d LOC Howa	ATION (City or T	own)	(County)	and (Stote)	
5 (4)		FUNERAL DIRECT	OR			ADDRESS Wilkens		L229	a. RECD E	Pregistra 2 1 15	867 25h	SISTRAR S	GNATURE	ege.	

J 3. ς 3 , L,

## FOR STATE HEALTH DEPT.

TO DEPUTY MET JEXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execut. A certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form, PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72-hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1204 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

1204 A

USASI MEDIONE EXAMINER S	OCKINIONIE OF DENIN
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Ealtimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Sparrows Point Hours ??	Dundalk /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM&
Plant Dispensary	7713 Trappe Rd. #22
3. NAME OF First Middle DECEASED AT End	Last   4. DATE Month Day Year
(Type or print) Alfred R.	JONES DEATH 3- 21 19 67
6. COLOR OR RACE 7. MARRIEO X NEVER MARRIED OLVORGEO OLVORGEO	8. DATE OF BIRTH 6-18-09  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Montha   Oeys   Hours   Min.
TOR HISTIAL OCCUPATION (Give kind of work done ) TON KIND OF RUSINESS OF	11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT
Shipyard work Ship Building	Ohio COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
George: Jones	Harriett Fairburn
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 87 IAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) 283 -01-9333	fe, Virginia Jones, # 2,a,b,e,d.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. CEATH WAS CAUSED BY: Company Condition	sion-
H201 OUE TO	
Conditions, if any, which (b) A.S.C.V.D.	Bayestan PA
gave rise to immediate ( cause (e), stating the OUE TO	
underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED COURSE OF DEATH.  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED COURSE OF DEATH.  20e. EXTERNAL CAUSE WAS PRIMARY OF COURSE OF COU	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While p.m. 19 at work et work	iry, Street, office bidg., etc.)
21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection X, Inquiry X, and in my opinion
44	icide . Homicide . Undetermined manner .
Dog G 4	CHIEF MEDICAL EXAMINER
SIGNATURE DATE MAL	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	DEPUTY MEDICAL EXAMINER 2
EXAMINER'S M.B. Davis, M.D. 6800 Morning	ton Head (Baltimene & Mda) 21222
23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER' REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Mar-25-1967 Oak Lawn	Baltimore, Maryland
JOHN J. DUDA, Dundalk, Maryland 21222	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
TOTAL DUDAY DURINGLEY FIGE PLANT	MAR 2 2 1967 Icharles Judges

VR A15ME (5) 5M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03252 requires that the death tertificate be executed within 24 hours after death. death and completely filled in by the funeral remove corban papers. Pages 1 and in any event, within 72 hours after deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Bmmerset c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outfide corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits write RURAL and give nearest town) On e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL ORTINSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 40 1asonic YES NO IX NAME OF First Middle 4 DATE Month Year Dov DECEASED OF 19 67 (Type or print DEATH S. SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS **NEVER MARRIED** lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o TISTIA, OCCUPAT ON (Give kind of work done 11. BIRTIPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY signed by the ottending physical burial-tronsit permit. Then plegs burial, cremotion, or removol, and Prowsewix omma 14. MOTHER S MAIDEN NAME 13 FATHER'S NAME 17. INFORMANT (Yes, no, or unknown) [(If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for INTERVAL BEDWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE to attending physicion. DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO ficote has been s for use os the b f Health prior to b stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NÖ CERTIFICAT be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Port II of item 18.) Dept. of I OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work þe 21. I certify that (I) (this haspital) attended the deceased from should , and that death accurred at LAM, from causes and an the date stated above. saw the deceased alive an 19 22o. SIGNATURE DATE SIGNED 22b, ATTENDING director, page 3 should be filed w M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 1967 St Paul's Cemetery Marion, Maryland 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR Munico Cook-Brooks Towson, 1050 York Road VR A15 (4) 20 M 1/66 DATE MAR 1967 Towson 4.

MARYLAND STATE DEPARTMENT OF HEALTH

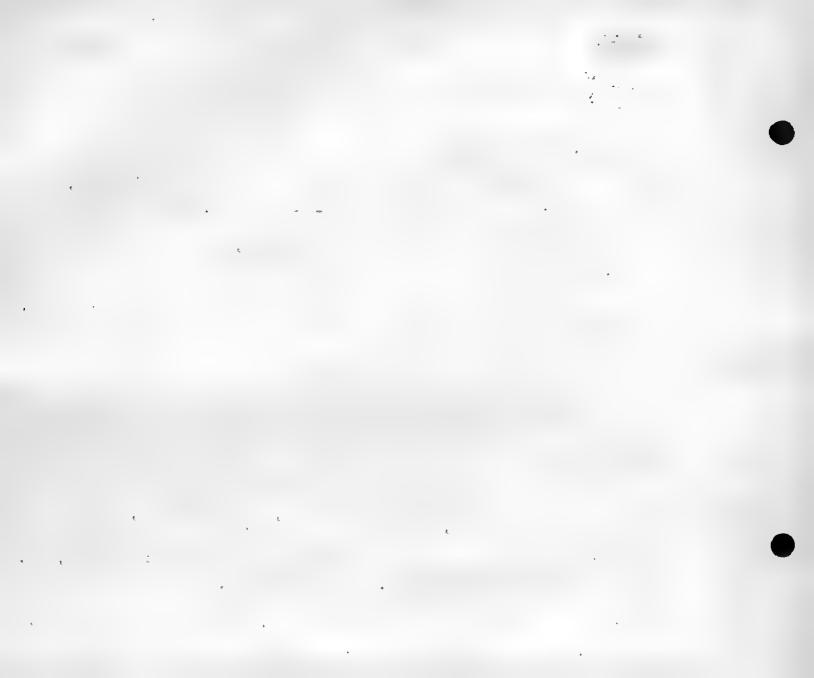
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth requires that the death certificate be executed within 24 hours after death ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence ર્વેદે વિશ્વેદ જો જો છે. a. COUNTY o. STATE COUNTY ltimore Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits c TENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours ( write RURAL and give nearest town) corbon papers. and completely filled in d STREET ADDRESS e IS RESIDENCI d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? Glenmore Ave. NO PO Lenmore YES NAME OF Eirst Middle Last DATE Month Dov Year DECEASED OF March 20 6 Marie yones 19 (Type ar pnn1) DEATH 9 AGE (In years IF UNDER 24 HRS S. SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** remove Manths Doys birthdoy Hours DIVORCED K WIDOWED and in any 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CHIZEN OF WHAT LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? pleose INDUSTRY 13. FATHER S NAME cremation, or removal, Letmate aroline 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16 SOCIAL SECURITY NO 37 INFORMANI (Yes, na, ar unknown) (If yes give wor or dotes of service) same no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per live 10 (6), (b),
PART I. DEATH WAS CAUSED BY buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by 7.230 DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), **DUE TO** stoting the underlying couse be detoched for use os the State Dept. of Health prior to hos been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART 1(0) WAS AUTOPSY PERFORMED? FICATION NO O FUNERAL DIRECTOR: After this certificate by the hospital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 1B.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or fown) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year foctory, street, affice bldg., etc.) Haur a.m. Nat While of work OR ATTENDING of work 21. 1 certify that (1) (this hospital) attended the deceased fram. that (I) (we) last Poge 4 moy be retained director, page 3 should should be filed with the 660 119 and that death accurred at 3 200 M, from causes and on the date stated above saw the deceased alive an. 22b. DATE-SIGNED 22o. SIGNATURE **ATTENDING** M.D. PHYS DIRECTOR PHYS. 22d, ADDRESS 22c. PHYS CIAN S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 3/23/67. Baltimore. emeteru buria REGISTRAR'S SIGNATURE 950. REC'D BY REGISTRAR 2Sb 24. FUNERAL DIRECTOR VClimber Judge VR A15 (4) 3 20 M 1/66 Ruck Inc Baltimore, Md. 1967

• . . 1 4 ,

1			DIVISION				ARTMENT OF HEA N STREET, BALTIMO		'LAND 21201		
		0325	L.		CERTIFI	CATE	OF DEATH			032	47
er death		LACE OF DEATH , COUNTY	Baltimore		MARYL	AND	2 USUAL RESIDENCE (V	Where deceose	d lived, if institut i b. COUN	TV	pefore odmission
Mevelii, willing 2 hours die		write RURAL and Fort	outside corporate limits give nearest town) Howard		8 Hrs. 5M		c CITY DR TOWN (If ou		e limits, write RUR	AL and give ne	- 4
61	(		L OR INSTITUTION (IF no				d STREET ADDRESS	0.1			e IS RESIDENCE ON A FARM?
- /	2	Vetera	ns Adminis		n Hospital Middle		ll4 Third	4 DATE			YES NO X
		DECEASED	Fire	LLIAM	Middle L	16	ONES	O.F.	MARCH	17	Doy Year 19 <b>67</b>
	S		6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9	AGE ( n years Jest birthday)	F UNDER 1 YE	
	10	Male	White	WIDOWED	DIVORCED		10/17/08	2.61	111	10 (11)77	N OF WHAT
	duri	ng most of working li Guard	(Give kind of work done fe, even if retired)	S S	ND OF BUSINESS OR DUSTRY <b>ecurity</b>		11 BIRTHPLACE (County Wilmington			U.S.	RY?
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I				
			narles P. J					ret Gr	antland		
	15. (Ye	WAS DECEASED EVER s, no, or unknown) ( Yes	IN U.S. ARMED FORCES? If yes give war or dates of WW II	of service)	SOCIAL SECURITY ND. 1-05-86-31		in.Rec. VA	Hospit	Addres al. Fort		d. Md
		IR CAUSE OF DE	ATH (Enter only one cou	se per I ne for							INTERVAL BETWEEN ON THE AND DEATH
,			IMMEDIATE CAUSE	(0)	20110 11-011	-0					
-		Conditions, if ony,	which gove		umonia						Days
		rise to immediate stating the underliest	couse (o), [	10	mia						Days
			INIFICANT CONDITIONS C			TED TO T	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART I(o)		19 WAS AUTOPSY PERFORMED?
J	TION		erioscleros						, ,		PERFORMED? YESXX NO
	CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NDTIFY A	☐ CAUSE DF DEATH	20b DE	SCRIBE HOW INJURY OC	CURRED (	Enter noture of injury in	Port I or Port	Il of item IB)		
	MEDICAL		RY Month, Doy, Year	20d H While of work	Not While	20e PLAC focto	E OF INJURY (Home, form pry, street, office bldg, etc.	n, 20f	(City or town)	(County	y) (Stole)
		21. 1 certif	v that XX(this has	pital) atten	ded the deceased f	rom_M	arch 17	967_, to	March	17, 1967	, tha <b>XX</b> (we) la
		saw the de	ceased alive an_1	arch 1	7 19 67 , 0	nd that	death accurred at	10:30	<b>M</b> ram causes o	and an the	date stated abov
		22o. SIGNATURE	7 ( 7	-0-0		M.D	ATTENDING	MED	STAFF PHYS.	225 DATE	
		22c. PHYSICIAN'S	<u> </u>	w		MLD	PHYS L	DIRECTOR	LJ PHYS. LO	4 2/17	701
1		NAME (Type)	ZUI-SUN 1	OAT			VA HOSPI	TAL, F	ORT HOWA	RD, Mal	PYLAND
,	230	BUR AL, CREMATIO REMDVAL (Specify) Burial	N, 23b DATE TH	EREOF 7	23c NAME OF CEMEN Baltimore		ional Cemet	ery	CATION (City or Tox Ba <b>ltimor</b>		ounty) (Stote) yland
1	1	FUNERAL DIRECTOR	Ln Zame	no	257 ADDRESS Co.	nkli:	ng St	R 3 0	1967 256 RE	CISTRAR'S SIGN	ATURE



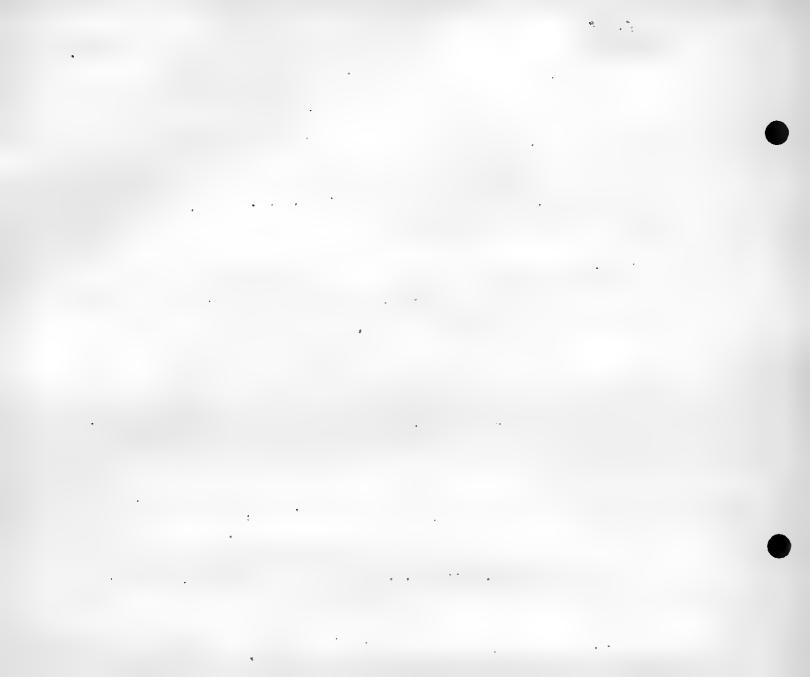
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03255 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Raltimore MARYLAND Maryland the ottending physician and completely filled in by the first permit. Then please remove corboth popers. Pages nation, or removel, and in any event, within 72 hours after b CITY OR TOWN (If outside corparate imits, CLENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RYRAL and give nearest town) owson Baltimore 21212 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE St. Joseph Hospital 6702 Glenkirk Avenue YES NO 3 NAME OF First Middle Lost 4. DATE Manth Year event wil DECEASED Maud Louise Kana March 67 (Type or print) 19 DEATH S SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Months bustbdoy) Dovs Hours 10-15-91 White Female K WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 10b 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Homemaker Own Home Scranton .Pa. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME dward Burke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs Bernard Norton 6702 Glenkirk Rd. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) **burial-transit** PART I DEATH WAS CAUSED BY ONSET AND DEATH Core pulmonale IMMEDIATE CAUSE (o) \_ DUE TO signed L Severe fibrosis of left lung. Conditions, if any, which gove rise to immediate couse (a), DUE TO use as the lofth prior to k stating the underlying cause Page 4 moy be retoined by the hospital or attending hos been fost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Heolth p YES DE NO this certificate 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INTURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While ot work After ot work 21. I certify that (1) (the haspital) attended the deceased fram March 5, , 19 67, to March 6, , 19 67 that (1) (we) last director, page 3 should should be filed with the saw the deceased alive an March 6, 19 67, and that death accurred at 2=25 Mm, from causes and an the date stated above O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. March 6,1967. M.D. PHYS ADDRESS 22d. M.S. Cockburn, M.D. 7620 York Rd., Baltimore, Md. 21204 MAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Holy Sepulcher Penna. em. 2Sa. REC'D BY REGISTRAR 2Sh REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Inc Baltimore. Md. DÁNGAR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03256 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and the attending physician and completely filled in by the funeral isit permit. Then please remove, calban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE **b** COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN (If outside carparate limits, c CITY OR TOWN (If outside corparate limits, write RURA) and a ve nearest town) CLENGTH OF STAY IN 15 calban papers. Pagent, Pagents write RURAL and a ve nearest town) Catonsville 2yrs Catonsville d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCI ON A FARM? 6307 Hamilton Avenue Spring Grove State Hospital 21206 YES NO DEC 3 NAME OF M ddle Last 4. DATE Year DECEASED 9, 1967 Amelia Karp March (Type or print) DEATH 19 S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. remove **NEVER MARRIED** birthooy) Months Days Hours 12-23-82 WIDOWED 3 DIVORCED Female White 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLA( (County & State, at foreign puntry) 12. CITIZEN OF WHAT andin industry ousewife during most of warking life, even if retired) U.S.A. Housewife Germany 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Unknown Paul German IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no ar unknown) (If yes give wor or dates of service) Records: Spring Grove State Hospital crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVA, BETWEEN signed by the burial-transit p ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. 4201 DUE TO Canditians, if any, which gave rise to immediate couse (o). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health prior ta last. eart II other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) Feeding problem - Chronic Brain Syndrome associated with Cerebral WAS AUTOPSY PERFORMED? YES -NO ANW MILLEY OCCURRED. TEMP nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While While at work at wark 21. I certify that !! (this haspital) attended the deceased fram. \_, ta\_\_3-9-67\_\_\_, 19\_\_\_, that N) (we) last 10-11-63 19 and that death accurred at 1:20 M, from causes and an the date stated above 3-9-67 ....19. saw the deceased alive an 22g. SIGNATURE 22b. DATE SIGNED **ATTENDING** 111 M.D DIRECTOR PHYS directar, page S shauld be filed Spring Grove State Hospita 1 22c. PHYSICIAN'S NAME (Type) Evelio A. Felipe Catonsville, Maryland 21228 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMFTERY OR CREMATORY (State) Balto. REMOVAL (Specify) Golden Ring Zion Cemetery -11-1967 Burial 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
_	03257 CERTIFICATE OF DEATH 03250
ľ	PLACE DF DEATH a. COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE  Maryland  Maryland
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Catonsville  C
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDEN ON A FARM
ı	SPRING GROVE STATE HOSPITAL 1239 Glenhaven Road YES NO [
3	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Margaret Kernan DEATH March 30 1967
157	SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED SED 6. 1889 9. AGE (In years   IF UNDER 1 YEAR   IF UNDE
ì	a USUAL OCCUPATION (Give kind of work done IOD. KIND OF BUSINESS OR INDUSTRY  IL BIRTHPLACE (County & State, or foreign country)  IL BIRTHPLACE (County & State, or foreign country)  Maryland
1	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Michael Kernan Isabell Ackenback
7	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service)
	219-54-3188T Records: SPRING GROVE STATE HOSPITAL
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  INTERVAL BETWEE ONSET AND DEATH  Myocardial infarction  DUE TO  DUE TO  Conditions, If any, which gave rise to immediate  (b)  DUE TO  Conditions (c)
PEDTICIONTION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED AND AND AUTOPS PERFORMED AUTOPS PERFORMED AND AUTOPS PERFORMED AND AUTOPS PERFORMED AUTOPS
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) p.m. 19 at work at work
	21. I certify that (1) (this hospital) attended the deceased from Sept. 23, 1915, to March 30, 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, and that death occurred a March 30, 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, and that death occurred a March 30, 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, and that death occurred a March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on March 30 19 67, that (1) (we) is saw the deceased alive on Mar
	22c. PHYSICIAN'S NAME (Type) Evelio A. Felipe, M.D. 22d. ADDRESS PRINC GHOVE STATE HOSPITAL Baltimore, Maryland 21228
2	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) 3-31-67 Loudon Park Cemetery Baltimore Maryland
	ADDRESS 1217 St. Paul Street R 3 1967 y Charles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2d Film #3386 1/13/67 pc CERTIFICATE DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death funeral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY d campletely filled .... Pages , .... carbone papers. Pages , .... 772 hours after d MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporote limits, write RURA), and give nearest town write RURAL and give nearest tawn) OWSON d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) ON A FARM YES Middle NAME OF First DATE Year Month DECEASED DF DEATH 60 19 and in any event, S SEX in years IF UNDER 1 YEAR UNDER 24 HRS NEVER MARRIED remave lost birthdoy) Months Days Hours WIDOWED DIVORCED gug 10b, KIND OF BUSINESS OR 12 C TIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY Timore 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remaval, MARY C. NELSON LOYOLA Add SIGN SCHOOL 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (if yes give wor or dates of service) BOYCE AVE. -21204 REV. MCNAMARA crematian, INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY (MMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), **DUE TO** stoting the underlying couse be retained by the haspital or attending the has been prior to last 90 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO. After this certificate Þ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form, (City or fown) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) foctory, street, office bldg, etc.) Hour o.m. While Not While OR ATTENDING at work 📖 at work 21. I certify that (Y (this hospital) attended the deceased from 7, that (1) (we) los 2, and that death occurred of AM, from causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on 22o. SIGNATURE 22b DATE SIGNED **ATTENDING** director, page 3 shaud be filed v M.D. PHYS TO HOSPITAL (Page 4 may 5 22d. ADDRESS 22c. PHYSICIAN'S BALTO. MED. CENTER NAME (Type) GREATER 23b DATE THEREO! 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 BUR AL, CREMATION, (County) REMOVAL (Specify)

24 FUNERAL DIRECTOR BALTIMORE. MI 67NOODSTOCK COLLEGE
ADDRESS 25g MOODSTOCK VR A15 (4) 25M 1/67 & SON 805 N. CALVERT H.W. MEARS

MARYLAND STATE DEPARTMENT OF HEALTH

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03259

CERTIFICATE OF DEATH

03252

- 64	l	00203	CERTIFICATE	OI DEATH	OUGOU		
a la	1	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceose	ed lived, if institut on Residence before admission)		
\$ 9 P	\	o. county Baltimore	***************************************	Maryland	b. COUNTY		
事一工程	)		MARYLAND				
after deal	′ I	<ul> <li>b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)</li> </ul>	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	te limits, write RURAL and give nearest town)		
haurs n by s. Pc haur		Catonsville		Catonsville	12-1		
ho in irs.	Ī	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	of, give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?		
filled in papers.	10	5464 Addington Road		5464 Addington	Rd. YES NO T		
	ŀ	3 NAME OF FIRST	Middle				
cecuted within completely for a carbon by event, with	40	DECEASED		0.5	Morth Doy Yegr March 7 67		
smpleti ve carl event,	ıΨ	(Type or print) Louis E.	Kimmel Sr.	• DEATH	19		
eve eve		S SEX 6. COLOR OR RACE 7 MARRIE	D NEVER MARRIED 🗍 8		AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS   fgst, birthdoy)   Months   Doys   Hours   Min		
e execution and camprise in any evi	-/	M Wh. widowe	D DIVORCED	June 11 1895	fast birthdoy) Months Doys Hours Min		
and remin an		10o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or fore	BIGT COUNTRY) 12 CIT ZEN OF WHAT		
ate b ician lease and i	- 1	during most of working life, even if retired)	INDUSTRY	Maryland	COUNTRY U.S.A.		
ertificate be physician on the please loval, and it	ŀ	13. FATHER S NAME		14. MOTHER'S MAIDEN NAME	0,10,11,		
certifi g phy Then mova		John Kimmel		Regina Kelly			
e Figure	- 1						
te death ce attending p permit. The		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unknown) (If yes give wor or dotes of service)	6. SOCIAL SECURITY NO. 17.	FORMANT	Address		
attendi attendi permit. ian, or r	L		54	rs. Louis E. Kimm 464 Addington Rd.			
	ľ	18. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY	for (a) (b) and (c))		INTERVAL BETWEEN		
that than the by the ransit cremat		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	EREBRO-VAS	CULAR THRO	MBOSIS. ONSET AND DEATH		
tran	i i	3 3 2 X IMPREDIATE CAUSE (U) DUE TO			1 7		
res /src ned ial		Conditions, if any, which gove ) (b)	GENERALIZE	D ARTERIOS	CCLEMOSIS 5HVS		
physic signed burial burial		rise to immediate couse (a), ( DUE TO		7070.070702			
5, 5 9 5		storing the underlying cause					
e law tendir 3s bee as th priar t	ŀ	lost. (c)					
The office of th	6	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVE	N IN PART I(o) 19 WAS AUTOPSY PERFORMED?		
	3	200 ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTION 20b OF CONTRIBUTION 20b OF DEATH			YES NO		
aspital ar certificate hed far us		200 ACCIDENT WAS UNDERLYING \( \square\) 20b	DESCRIBE HOW INJURY OCCURRED (	Enter noture of injury in Port I or Port	It of item 18)		
マを重ねる		GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
PHYSICIAN he haspital a this certifical etached far Dept. af He			INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 20f	(City or town) (County) (State)		
	1	Hour o.m. Wh	1 11 111 1	ry, street, office bldg., etc.)	(c.1 o. town) (count) (store)		
ATTENDING etained by th CTOR: After t shauld be de vith the State		p.m. 17 of w	vork of work of work				
70 00		21 I certify that (1) (this haspital) atte	ended the deceased fram_D	, 19 <u>60</u> , to	n_MARCA 7, 196 7, that (1) (we) las , fram causes and an the date stated abave		
OR ATTEN be retained JIRECTOR: / e 3 shauld ed with the	H	saw the deceased alive an	C ( 6/19 6 /, and that	death accurred at 3PM	, fram causes and an the date stated abave		
A S C S s s		220. SIGNATURE	1	ATTENDING MED	22b. DATE SIGNED		
ok r be r be r be r be s be s be s be s be	ı	/ Ornun K.	Demmo	PHYS LE DIRECTOR	□ STAFF □ 3/8/67		
ALOR Iy be LDIR age S		22c PHYSICIAN'S	10 11 11	22d ADDRESS	MONDSON ANE.		
RAI PITA	-/[	NAME (Type) NORMAN /	. ALEIMAN	3803 ED1	HONDSON HAVE		
TO HOSPITAL Page 4 may TO FUNERAL I director, pag	F	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 23d, 100	ATION (City or Town) (County) (State)		
Page / O FUN		Burial 3-10-67	New Cathed		timore, Md.		
1)	ŀ	24. FUNERAL DIRECTOR	ADDRESS	2So REC D BY REGISTRA			
VR A15 (4) 25M 1/67		Witzke F.D 4101 Edm	ondson Ave.		967 Charles Judge		
min Il	1 5			MAR 9 1	101		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03260 CERTIFICATE OF DEATH 03253The law requires that the death certificate be executed within 24 hours after death and the attending physician and completely filled in by the funeral sit permit. Then please remove tarban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY Prince George V o. COUNTY Maryland Baltimore MARYLAND within 72 hours after b CITY OR TOWN (#f outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Landover, Md. Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) & STREET ADDRESS e IS RESIDENCE ON A FARM? 7622 Goodland Drive Spring Grove State Hospital YES NO IXC 3 NAME OF Middle 4 DATE Month Dov Year DECEASED Kirker Sr 22 Clarence MMC A. (Type or print) 19 6 DEATH and in any even S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy) Dovs Hours 1-26-90 White WIDOWED \* DIVORCED Male 11 BIRTHPLACE (County & Stote, or foreign country) 10o. USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working fe, even if retired) Building COUNTRY? Mass. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Thomas Kirker Margaret 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [[If yes give wor or dates of service] Records: Spring Grove State Hospital 579-09--117 cremation. NTERVAL BETWEEN 2 ON SET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY:
Programmen 1B buriol-tronsit IMMEDIATE CAUSE (a) Pne amonia. organism unknown, left lower signed by DHE TO buriol Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO use as the latter to be stoting the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed far use of Health p Congestive Heart Failure NO X 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detoche should be filed with the Stote Dept. 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Not While foctory, street, office bldg., etc.) of work ot work . 19 , to March 2), 1967, that 11) (we) last 21. I certify that (Be(this haspital) attended the deceased from 11-1-66 saw the deceased alive on MANCH 22 19 16, and that death accurred at 2.65 AM, from causes and on the date stated above 22o. SIGNATURE 22b DATE SIGNED ATTENDING 3-22-67 M.D. DIRECTOR PHYS. PHYS 22d ADDRESS 22c PHYSICIAN S Spring Grove State Hospital Anthony J. Young, M.D. NAME (Type) Catoneville Maryland 21228 23¢. NAME OF CEMETERY OR GREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Buria (Specify) Mar 25, 1967 Mt Olivet Cemetery Washington D C 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25o. REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, VR A15 (4) 20 M 1/66

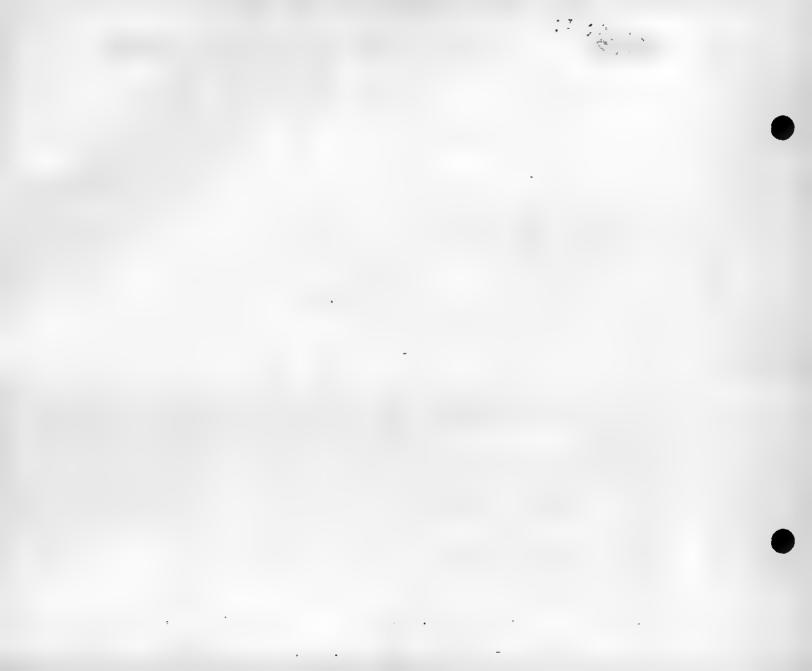


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARC OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) **a.** COUNTY **b.** COUNTY Maryland Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearast town) write RURAL and give nearest town) Dundalk uundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 1955 Walnut Walnut Avenue YES NO X 3. NAME OF M ddle DATE DECEASED OF (Type or print) ALBERT DEATH KOWALSKI March 9. AGE (In years IF UNDER I YEAR) 5. 5EX 6. COLOR OR RACE IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) and Morths DIVORCED Male WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Ship Repair Marvland KIZGOT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Victoria r'rank Kowalski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Hyesgive war or dates of service) Mrs.blizabeth Kowalski, 1955 Walnut Yes | WW II 216-05-9072 | IB. CAUSE OF DEATH [Enter druy one cause per line for (a), (b.,, and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO gave rise to immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part | or Part | of item 18 ) 20s. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s, PLACE OF INJURY (Home, farm, 2Df. (City or fown) (County) (State) Month, Day, Year factory, straat, offica bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from the saw the deceased alive on..... 22b. DATE 22a, SIGNATUR ATTENDING STAFF SIGNE PHY5 DIRECTOR M.D. ADDRESS 22c. PHYSICIAN S WOODWELL ROAD, 21222. 23d. LOCATION (City\_nown/or/column) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Stanislaus 0.9 buria ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) & SONS,1308 15M 9/60

OF HEALTH



1 .	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH-AND RECORDS, 301 W. PRESTON STREET RAITIMORE, MARYLAND, 21	201
FORSTATE	O3262  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21  O3262  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  O3255	201
HEALTH DEPT.	1 PLACE OF DEATH a COUNTY Balta.  2 USUAL RESIDENCE (Where deceosed lived, it institution Residence of STATE Sural.	nce before admission)
f Giry delay S. 1, 2, and 3 to m. PM3. Page Department of ris after death.	b CITY OR TOWN (If outside carparate limits.  write RURAL and give neglest target from the real of the	re nearest tawn)
Ta a da s	Batte, Coos Sten. Hosp. 7310 Dooman Re	e. IS RESIDENCE ON A FARM? YES NO
ofter death 18. Give Pages areng-with fair with the Sate	3 NAME OF DECEASED CATHEBINE MARKED SEX Lost 4 DATE Month OF CATHEBINE MARKED SEX LOST SEX LOST OF BIRTH 9 AGE (I years IF-NDER	Doy Year
Figures of Item 18. Office as a long of the event when	Fund wilned wilder Divorced Months  100 USUAL OECLPAT ON (Give kind of wark dane 100 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CI	Days Hours Min.
hin 24 ll ncil in Itanner's 0 pages 1c in any e	during most of working life, even if retired)  Housewife  13 FATHER S NAME  14 MOTHER'S MAIDEN NAME	OUNTRY? U.S.A.
ed within ' in pencil al Examine It. File page II, and in a	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?  {Yes, no, or unknown} {III yes give war or dates af service}  Address 7 3	19 Elmores
bs executed "pending" in hief Med cal E ansit permit. F ar remayal, c	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave ) (b) & Fractured Should	30 min
certificate shamld writing the ward prwarded to the Cl used as a burial-tru burial, cremation,	stating the underlying cause (a), (c) DUE TO	
This certificate cate, writing the forwarded to be used as a forwarder to be used as a formal creater to burial, creater to bur	PART I. OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)  20a. EXTERNAL CAUSE WAS  PRIMARY Car CONTRIBUTING []  CAUSE OF DEATH  Backet of over finance of injury in Part I or Part I of Item 18)	19 WAS AUTOPSY PERFORMED? YES NO
NER: certifi hauld iles. shauld it, pria	3 200 THAT OF INVIEW Month Day Year 2014 INHIDY OF CHIPPED 2 200 DIAGE OF INVIEW Home form 2015 (Gits of Your) (Control of the Control of the	unty) (State)
A EXABI Recute the Page 4 for your DR: Page 3	1967. at work of work And States and States and States at the second of	and in my opinion
	death resulted fram Natural causes, Accident Z, Suicide, Hamicide, Undetermined manner	
	SIGNATURE  SIGNATURE  EXAMINER'S  NAME (Story)  ACTUAL  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Story)	22. DATE SIGNED 3-8-167
TO ENTRUTY necessary, the funera 5 may be TO FUNERAL Health ar	NAME (Type)  23a. BURIAL, CREMATION, BUTTA  Page 1  23b. Date thereof Butta  23c. Name of Cemetery or Crematory  St. Johns Cantius  Address (Street city, town, or county)  23d. LOCATION (City or Town)  Windber, Pennsy.	(County) (State)
VR A15ME (5) 6M 1/66	ADDRESS 250, RECE BY REGISTRANCE 250 RECE BY RECEDENCE 250 RECED	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03263 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH and campletely filled in by the fun-remove corbon papers. Pages 1 of in any event, within 72 hours after de o. COUNTY o STATE b. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 53wrlOmthl5dys Balto. City Catonswille d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Bay View Hospital Spring Grove State Hospital YES [ NO 3 NAME OF Middle Lost 4 DATE Month Doy Year DECEASED March 29 67 19 Kral (Type or print) Joseph DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH AGE (In veors 7 MARRIED NEVER MARRIED K lost birthdoy) Months Dovs Hours 5-23-88 and in any WIDOWED DIVORCED Male White 100 USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12. CIT ZEN OF WHAT please during most of working life, even if retired)
Electrial worker U.S.A. INDUSTRY the attending physician isit permit. Then please Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remaya. Magdalene Snerha Joseph Kral 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Records: Spring Grove State Hospital 219-54-3196-1 crematian. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I DEATH WAS CAUSED BY Bronchopne INTERVAL BETWEEN burial-transit NONSH AND DEATH Bronchopneumonia: organism unknown IMMEDIATE CAUSE (6) signed by DUE TO Pulmonary metastases Conditions, if any, which gove rise to immediate couse (o). DUE TO has been stating the underlying cause as the attending Fibrosercoma of the abdomen lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ad far use of affection of Health p YES . NO Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 200 ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work of work 21. I certify that (this haspital) attended the deceased from 5-11-13, 19-35 to March 29.67, that (the last saw the deceased above on March 29, 1967, and that death accurred at 9-35 M, from causes and an the date stated above. March 29/ 67 that xl) (we) last 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** 3-29-67 M D PHYS. PHYS DIRECTOR directar, page should be filed 22d ADDRESS 22c. PHYSICIAN'S Spring Grove State Hospital NAME (Type) Young M.D. Anthony J. Catonsville, Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) 3/31/67 Most Holy Redeemer Buria) Baltimore. Md. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Charlen 1217 St. Paul St



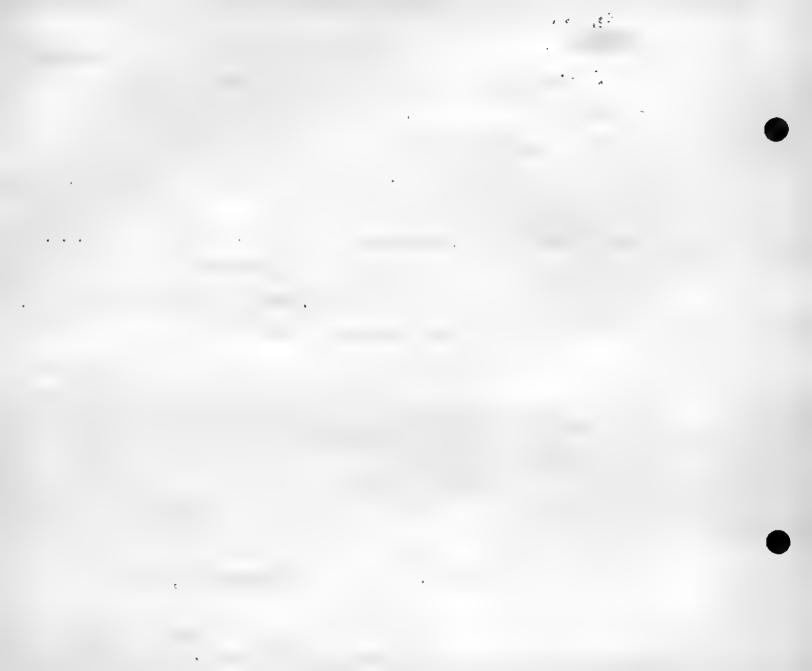
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03264 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT! PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission) 3 to Poge a COUNTY a STATE **b** COUNTY Maryland õ Baltimore death MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) ofter Baltimore Towson a NAME OF HOSP TAL OR INSTITUT ON (If not in haspital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? St. Joseph's Hospital 1538 Oakridge Road Poges YES NO 1 hours after death 3 NAME OF First 4 DATE Last Manth Day Year DECEASED STEPHANIE KRAMER 67 Page March 19 (Type or print) DEATH Office olong With 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7 MARRIED T NEVER MARRIED ₹ last birthday) Manths Hours Nov. 4. 1940 WIDOWED Female White DIVORCED event 10g USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Baltimore, Md. pages | In any Housewife 13 FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME be executed within W. Frank Just Ethel ٧. Smi th and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit (Yes, no, ar unknown) (If yes give war ar dates at service) cremotion, or removal, 214-38-4768 Mr. Charles P. Kramer same address 1B. CAUSE OF DEATH (Enter only one cause per me far (a), (b), and (c) ) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Craniocerebral Injury. This certificate should e, writing the word forwarded to the CI DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse used os burral, c last. PART I. OTHER SIGNIFICANT CONDITIONS CONTR.B. TING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? please execute the certificate. YES 🛣 NO 20o. EXTERNAL CAUSÉ WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II at item 18) PRIMARY Ser CONTRIBUTING CAUSE OF DEATH Driver in auto-auto collision. 20c TIME OF INJURY Month, Day, Year 20d INJRY OCCURRED 20e PLACE OF NJURY (Hame farm. 20f (City or town) (County) (State) Wh e Not While factory, street, affice b dg , etc.) may be retained for your FUNERAL DIRECTOR: Poge at work of work Md. Baltimore 1967 21 I certify that I took charge of the remains described above, held an Autapsy [X], Inspection Inquiry . and in my apinian death resulted fram: Natural causes Accident 🔀 Suicide Homicide Undetermined manner CHIEF MFDICAL FXAMINER ACTUAL 22. DATE SIGNED Health or its ASSISTANT MEDICAL EXAMINER SIGNATURE 3/16/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, or caunty) Charles S. Petty 23c NAME OF CEMETERY OR CREMATURA TOEN 23b DATE THEREO! 23d LOCATION (City or Town) 230 BURIAL CREMATION (Caunty) (State) 0 Cockeysville, Md. 3/18/1967 Dulaney Valley Memorial 24 FUNERAL DIRECTOR 25a REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME (5

MARYLAND STATE DEPARTMENT OF HEALTH



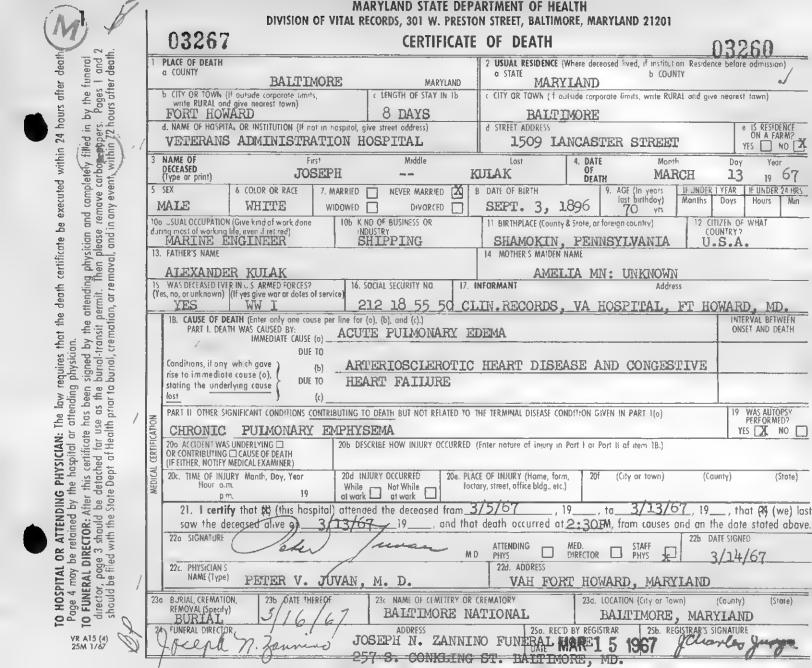
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03265 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased ived, if institut on Residence below a. COUNTY a. STATE MARYLAND b. COUNTY BALITIMORE MARYLAND filled in by ... papers. Pager b CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) FORT HOWARD BALTIMORE - 21213 127 DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? 3438 ERDMAN AVENUE VETERANS ADMINISTRATION HOSPITAL NO A NAME OF First Middle 4. DATE lost Month Day Year DECEASED KRASTEL JOSEPH MARCH 17 (Type or print) 67 DEATH 19 compli S. SEX 6. COLOR OR RACE 7 MARRIED B DATE OF BIRTH NEVER MARRIED AGE ( n years F UNDER I YEAR IF LINDER 24 HRS last birthday) Mantas Haurs 7/14/91 MALE WHITTIE WIDOWED DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)

LABORER ROLLER MAN ease physician ien please INDUSTRY COUNTRYS A. BALTIMORE, MARYLAND PRINTING PRESS 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or remova PHILIP KRASTEL IDA GORSTICH GOSH 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war at dates of service) 18 36 218 CLIN.RECORDS, VA HOSPITAL FT HOWARD, MD. cremation, IB CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) ) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH CASTRIC PERFORATION. ACUTE IMMEDIATE CAUSE (a) DUE TO CEREBRAL THROMBOSIS Canditians, if any, which gave RECENT rise to immediate cause (a), KIKOKX as the stating the underlying couse last. LOBAR PNEUMONIA RECENT PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS ALTOPSY Health PERFORMED? DID MIOCARDIAL INFARCTION WITH MURAL THROMBOSIS NO 20g ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or fown) (County) (Stote) Haur a m. Nat While factory, street, office bldg., etc.) at wark at wark 3/17/67 19 2) I certify that this haspital attended the deceased from saw the deceased alive an 3/17/67 19 , and the 00 19 ....., that (jk (we) last Page 4 may be retained TO FUNERAL DIRECTOR: and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. PHYS 22c PHYSICIAN'S 22d ADDRESS directar, po shauid be f GEORGE DUDAS, M. NAME (Type) D. VAH FORT HOWARD, MARYLAND 23a BURIAL CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) 3/20/67 HOLY REDEEMER BURIAL BALTIMORE, MARYLAND SCHIMUNEK FUNERAL HOME 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 3331 Brehms Lane, Baltimore, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03266 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore Maryland MARYLAND the attending physician and campletely filled in by the sit permit. Then please remays Corban papers Pages b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore 21206 Towson d STREET ADDRESS a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) papers IS RESIDENCE ON A FARM? 6517 Alta Ave. St. Joseph Hospital -E YES NO X 3 NAME OF Middle 4 DATE First Month Dov DECEASED Mary KROCHESKI March 19 67 Ann /ent (Type or print) DEATH S SFX AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 1933. 7. MARRIED NEVER MARRIED Months White Dovs September 1.1932 WIDOWED DIVORCED and in any Female 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? IISA INDUSTRY Maryland Homemaker 13. FATHER S NAME 14. MOTHER'S MAJDEN NAME Antoinette Konopka Dominic Gallo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no grunknown) (If yes give wor or dates of service) Mr. Bernard M. Krocheski (Same) crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN būrial-transit p burial, crematir ONSET AND DEATH Sub arachnoid hemorrhage IMMEDIATE CAUSE (a). DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), DUE TO has been s stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO DC O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital ar this certificate 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 2). I certify that (a) (this hospital) attended the deceased from 2/27/ , 19\_67, to\_3/11/ \_, 19\_67 that 🔊 (we) lost 19 67, and that death accurred at 7:344M, fram causes and on the date stated above. saw the deceased alive on\_ 22b. DATE SIGNED 220\_SIGNATURE STAFF PHYS. Kniderougu March 11, 1967 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S Pridipongse Vithespongse, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 directar, shauld b 23b DATE THEREOF 3/14/67. 23d. LOCATION (City or Town) 23o. BURIAL, CREMAT ON 23c NAME OF CEMETERY OR CREMATORY (Stote) Dulaney Valley Cemetery Baltimore. Md. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4); 20 M 1/66 Leonard J. Ruck. Inc. Balto. Md. 21214





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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03268 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) 1. PLACE OF DEATH the attending physician and campletely filled in by the funer ist permit. Then please remays—earban papers. Pages 1 do matian, at remayal, and in any event, within 72 hours after de a. COUNTY o. STATE b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE d STREET ADDRESS ON A FARM? 9407 Fullerdade Ave. #21234 St. Joseph Hospital, Towson, Md. 21204 YES NO [ NAME OF Eirst Middle 4. DATE Month Doy Year DECEASED KYLE 67 March CHARLOTTE R. (Type or print) DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH AGE ( n years IF JNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Days Hours White Female WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired).
Social Security Administration COUNTRY? Baltimore 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Sylvanus R Weaver Lillian Schwemm 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give wor or dates of service) 20-01-1169 Family Records crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Massive intra Cerebral Hemorrhage DUE TO Perry Aneurysm of the left posterior cerebral artery Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause as the I attending last. 19. WAS AUTOPSY
PERFORMED?
YES NO this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F Page 4 may be retained by the haspital ar 20a. ACCIDENT WAS UNDERLYING [ 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Hour o.m. While Not While at work at wark TO FUNERAL DIRECTOR: After 67 ta 21. I certify that (I) (this haspital) attended the deceased fram. \_\_, that (M (we) last and that death accurred at 4:00 me Mam causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED 3-29-67 directar, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN S T. Misanik Lawrence 7620 York Road, Baltimore, Md. 21204 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial 167 Parkwood Cemetery Baltimore 25g. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 C.F. EVANS & SON 8802 Harford road

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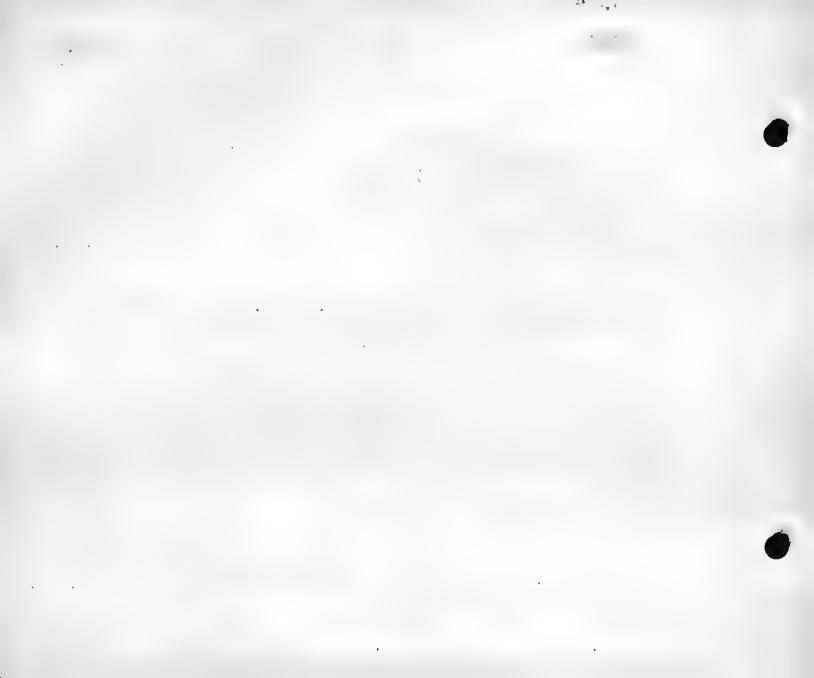
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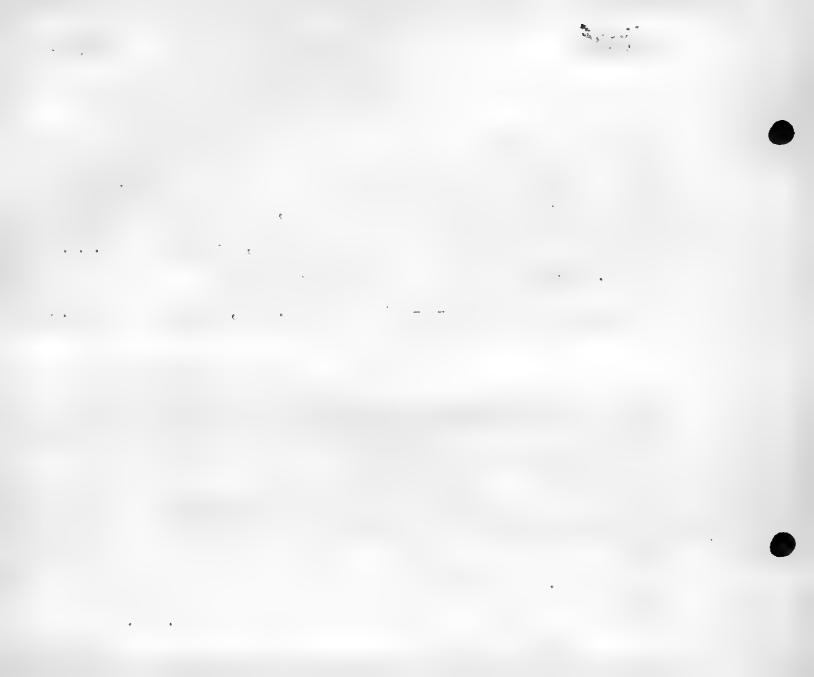
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03269 03262 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundely Baltimore Maryland MARYLAND b CITY DR TDWN (if outside corporate limits, write RURAL and give necrest town)
Catonsville C LENGTH DE STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arnold in b d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Shady Nook Nursing Home Shore Acres YES NOX omprenely fi NAME OF Lost 4. DATE Month DECEASED March 16, ELIZABETH ( BESSIE LANG 67 in any event, (Type or print) DEATH 5 SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED y birthdoy) Months Hours Female White 5-13-1883 WIDOWED DIVORCED physicion and then pleose remo 10c USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS DR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? removal, and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dwight Tuttle Annie Scott 15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 0 219-30-1614 Mr. John D. Lang, 13 Summitt Avenue 21228 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) ur + DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse for use as the k this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? NO I 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While foctory, street, office bldg., etc.) Not While 1966, ta 3-16-67, 19\_, that (1) (we) las 21. I certify that (I) (this hospital) attended the deceased fram. be retained and that death accurred at the P. M. fram causes and an the date stated above IO FUNERAL DIRECTOR: saw the deceased alive an 3-16-6 220 SIGNATURE 22b DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. DIRECTOR PHYS. PHYS. Nesbitt Dr. John NAMB (Type) 1009 Frederick Ave., Balto., Md. 230 BUR AL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 3-20-1967 Swartz Cemetery Baltimore City, Maryland 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Howard H. Hubbard, 4107 Wilkens Ave. 21229



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03270 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral 1 and 1er death 2. USUAL RESIDENCE (Where deceased lived, if institution: PLACE OF DEATH o. COUNTY b. COUNTY Baltimore Maltimore steely tilled in by the fur target I have a larger I have a larger I have a larger I have after a larger a larg MARYLAND Maryland b CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) r LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Overlea Overlea d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 4001 Chesley Avenue 4001 Chesley Avenue NO DO 3 NAME OF 4. DATE Lost Month Year DECEASED 19 67 (Type or print) DEATH George Frederick Lehmann S SEX AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED please remave lost bighday) Manths Haurs 8- 4-- 1888 Male and in any White WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Transit Baltimore Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME >>> burial, crematian, ar removal, Albert Lehmann Marie Blauman-Zukow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 21234 (Yes, na, or unknown) (If yes give wor ar dates of service Thomas 6709 Collinsdale Road IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN **burial-transit** PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO rteriosclaratic Heart Disease with congestivitailore Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 40 -60 NO 20n ACCIDENT WAS LINDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Haur o.m. foctory, street, office bldg., etc.) Not While at work at wark 21. I certify that (I) (this hospital), attended the deceased fram pray t 1962, to FLEU 25, 1962, that (1) (we) last director, page 3 shauld should be filed with the Feb 1 saw the deceased alive an\_ FUNERAL DIRECTOR: 22a. SIGNATURE STAFF PHYS. **ATTENDING** M.D. DIRECTOR 22d. ADDRESS 12c. PHYSICIAN'S NAME (Type) 338 W. Pratt Street Baltimore Md. Dr Rudolph H. Spitzberg 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREO! (County) (State) REMOVAL (Specify) Parkwood Cemeterv Balto 25 DEBISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03271 CERTIFICATE OF DEATH death. and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore enterus carban papers. Pages 1 any evept, within 72 hours after MARYLAND and completely filled in by the f c LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 haurs af write RURAL and give nearest town) Baltimore 21 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 6912 Golden Ring Road 343 Worton Road #21 NO X YES 🔲 3. NAME OF First Middle Lost 4. DATE Month Year (Type or print) Mary Anna Lengsfeld March 13, 1967 DEATH S SEX 6 COLOR OR RACE 9 AGE ( n years IF UNDER 24 HRS 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED 60 ost birthdoy) Doys Hours white female July 11, 1906 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1), BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired) at home COUNTRY? Baltimore, Mangland U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar removal, Julius B. Richter Mary Leikuhler WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address signed by the attendir burial-transit permit. Daughter (Yes, no, or unknown) (If yes give war or dotes of service) Lillian M. Duke. 6912 Golden Ring Rd. #21 no INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per ligerto; (a), (b), and (c).) **ONSET AND DEATH** PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO ficate has been s far use as the b stating the underlying couse af Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 20o ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH director, page 3 should be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg , etc.) While Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased fram 19 66, to May 13, 1967, that (1) (we) last 1967, and that death accurred at 1/-45CM, fram causes and an the date stated above. saw the deceased alive an. mar 220 SIGNATURE 22b. DATE/SIGNED ATTENDING MED DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Dr. Louis Seminoff NAME (Type) 2108 Orems Road (Apro Acres) 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (Stote) Burial (Specify) Balto., Md. 3/17/67 Oak Lawn Cemeterv 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Schimunek Funeral Home 3331 Brehms Lane #13 orcharles VR A15 (4) 20 M 1/66



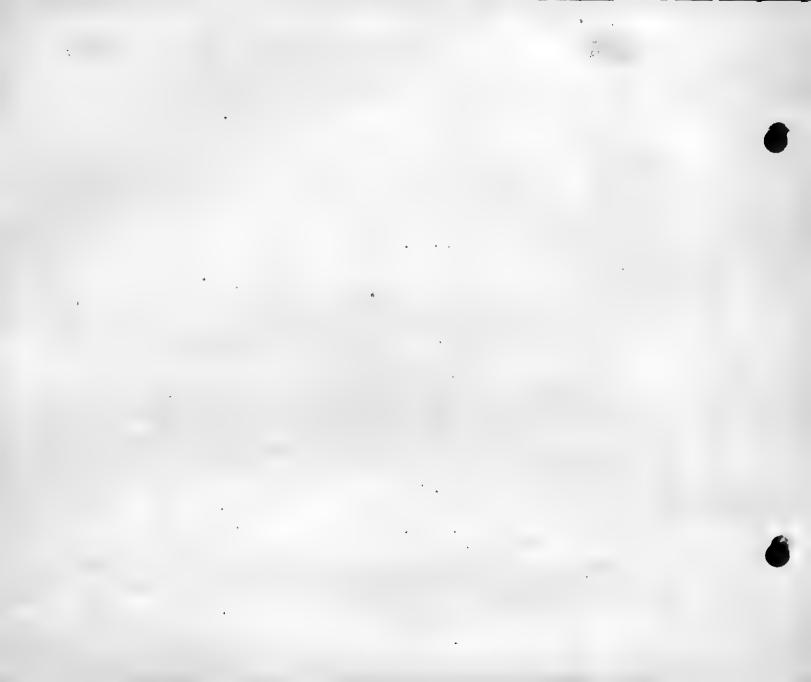


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		_	MARYLAND	•. STATE Mary		177	"ltimore" -
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	Pre	esbyterian Ho	ome	-	DN/TAPI		ON A FARM?
3.	NAME OF DECEASED	First	Middle	Last	4 DATE OF	Month	Day Yeer
	(Type or print)	Ida		Lilly	DEATH		ex 27, 1967
	sex female	white	RIED NEVER MARRIED	8. DATE OF BIRTH Oct. 31,18		AGE (In years   IF UNDE	R 1 YEAR   IF UNDER 24 HRS.
		WIDO	WED DIVORCED     KIND OF BUSINESS OR INDUS		10 1	700ym.	CITIZEN OF WHAT COUNTRY
de	one during group step	ckingshife, even if retired)	. MIND OF BOSINESS OR INDOS	· ·	., Mary		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
	ŀ	Robert Thomas	Lilly	Sara	h E. Pr	nelps	
15. (Y	WAS DECEASED EV	ER IN U.S. ARMED FORCES?   1 Tyesgive warordstesofservice)	6. SOCIAL SECURITY NO. 17.			Address	
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	PART J. DEATI	WAS CAUSED BY.			υ. α D1	xie Drive	ONSEL AND DEATH
	У	IMMEDIATE CAUSE (*) BT(	oncho <u>pneumonia</u>	)			48 hrs
	Conditions, if any		rebral Arterios	clerosis			_yrs
	gave rise to immedi (e), stating the un	ele ceuse					-3.40
	ceusa last.	(c)					
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CERTI	OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	CO. Ithier nature of injury	in ren i or ren II	or nem to ;	
7	20c. TIME OF INJU	RY Month, Day, Year   20	d. INJURY OCCURRED   20e. PI			r town) (C	ounty) (Stele)
MEDICAL	Hour e.m.		hile Not While Park at work	ctory, street, office bldg., et	C.J		
	21. I certify t	hat (I) (this deep sel) atte	ended the deceased from	Jan	1958., to]	March 27, 1	9.67, that (I) (Xe) la
	saw the deceas	ed alive on March	2719 6.7, and tha	t death occurred at	5 <b>p</b> M, from t	he causes and on	the date stated above.
	22a. SIGNATURE	1812 11	N.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNE
	22c. PHYSICIAM'S	atorion -		M.D. PHYS.	BIRECTOR	PH13	3-29-67
	NAME (Type)	S.J. Venable	Jr. M.D.	7215 Yo	rk Road.	Baltimore,	Md
23	BURIAL CREMATI	ON, 236 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		ION (City, fown or col	
	REMOYAL (Specify)	3/30/67	Franklinv	ille Cem.		shaw, Mar	
	FUNERAL DIRECTOR	rs signature -Wiedefeld Ho	ADDRESS	1.00		AR 256. REGISTRAR	S SIGNATURE
1	T COURT I=				0 1001	1	1
		D-111	ore, Marylan	2 04040			



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WITTER RORAL and give nearest town)    Syman
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(Type or print)  (Type
S. SEX  S. SULOK OK RACE  7. MARRIEO  NEVER MARRIEO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KINO OF BUSINESS OR INDUSTRY  Hartord Co., Miaryland Country?  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANI Dayland Security Securi
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HOUSEWIFE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANI DAYS 1. 1838 - 5028 Address  (Yes, no, or unknown) (If yes give war or dates of service)  220 - 54 - 7105 ms. Inaud I. Hands Tell in the property of the party of th
TAMES POIK SINGLETON HATTER NOTES  15. WAS DECEASED EVER IN U.S. ARMED FORCES? To. SOCIAL SECURITY NO. 17. INFORMANT DAUGHL-1838-5028 Address  15. WAS DECEASED EVER IN U.S. ARMED FORCES? To. SOCIAL SECURITY NO. 17. INFORMANT DAUGHL-1838-5028 Address  15. WAS DECEASED EVER IN U.S. ARMED FORCES? To. SOCIAL SECURITY NO. 17. INFORMANT DAUGHL-1838-5028 Address  15. WAS DECEASED EVER IN U.S. ARMED FORCES? To. SOCIAL SECURITY NO. 17. INFORMANT DAUGHL-1838-5028 Address  15. WAS DECEASED EVER IN U.S. ARMED FORCES? TO. SOCIAL SECURITY NO. 17. INFORMANT DAUGHL-1838-5028 Address  15. WAS DECEASED EVER IN U.S. ARMED FORCES? TO. SOCIAL SECURITY NO. 17. INFORMANT DAUGHL-1838-5028 Address  15. WAS DECEASED EVER IN U.S. ARMED FORCES? TO. SOCIAL SECURITY NO. 17. INFORMANT DAUGHL-1838-5028 Address  15. WAS DECEASED EVER IN U.S. ARMED FORCES? TO. SOCIAL SECURITY NO. 17. INFORMANT DAUGHL-1838-5028 Address  16. SOCIAL SECURITY NO. 17. INFORMANT DAUGHL-1838-5028 Address  17. WAS DECEASED EVER IN U.S. ARMED FORCES? TO. SOCIAL SECURITY NO. 17. INFORMANT DAUGHL-1838-5028 Address  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 1. The properties of
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI DACAL 838-5028 Address (Yes, no, or unknown) (If yes give war or dates of service) 220-54-7105 ms. mand I. Honos Tell the market and Return Returns to the service of the service o
(Yes, no, or unknown) (If yes give war or dates of service) 220-54-7105 ms. mond I, throat Tell the market as 180 yr 28
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
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IMMEDIATE CAUSE (a)
PART I. OEATH WAS CAUSEO BY  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the cause (a), stating the cause (a), stating the part II. other significant conditions contributing to oeath but not related to the terminal oisease condition given in Part I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART I(a)  PERFORME  P
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NOT
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(If EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  4 2 2 3 5 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Hour a.m.  19   While   Not While   factory, street, office bidg., etc.)  21   certify that (i) (this hospital) attended the deceased from
21. I certify that (i) (this hospital) attended the deceased from 190 that (i) (we) saw the deceased alive on 190 and that death occurred at 190 ATTENDING TO MED. STAFF 22b. OATE SIGNED
22a. SIGNATURE 22b. OATE SIGNED
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23a. BURIAL (CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State
Busial (Specify) Marcy 20, 1967 BEI Har Memorial Gardes POEI Har Har C. C. Md. 2101
24 FUNEDAL DIDECTOR
VR AIS (4) W TO SEPH William Foster Bel Air Dispulsed 21014 Out AR 2 0 1967 Plionles Judge
20M 1/65

BEITER BOS MESS FORMS, INC. , BALTIMORE, MD. \$1201



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE **b** COUNTY Baltimore MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after ᇴ c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside carparate Limits, c. LENGTH OF STAY IN 1b papers. Pag. Rural-Randallstown Baltimore 21211 d NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 ON A FARM? Filled Chapel Hill Nursing Home 3801 Roland Ave YES NO 🕞 3. NAME OF Middle DATE Manth Eirst Last Doy Year DECEASED ÕF Lloyd B. Loats March 19 67 (Type or print) DEATH IF UNDER 24 HRS AGE (In years IF JNDER YEAR S SEX DATE OF BIRTH **6 COLOR OR RACE** 7 MARRIED NEVER MARRIED last birthday) Months Haurs Doys White WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? Manchester, Md.

14. MOTHER'S MAIDEN NAME U.S.A Mechanic Auto Business 13. FATHER'S NAME remaya Horatio Loats Mary Baltozer 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address 21207 (Yes, na, or unknown) (If yes give war ar dates of service) ö Mrs. Evelvn Provenzano-7105 Manila Ave INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), signed by the burial-transit t ONSET AND DEATH Miombois, old & recent PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the haspital or attending physician. theisollions -DUE TO burial, Conditions, if any, which gove (b) rise to immediate couse (o), DUE TO as the stating the underlying cause peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY DIRECTOR: After this certificate has PERFORMED? 1 detached far use e Dept. af Health NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg , etc.) Hour om. Nat While OR ATTENDING at work 19 6 ta 196 / that (I) (we) las March 13 21. I certify that (1) (this hospital) attended the deceased fram. be retained March 196 saw the deceased alive an and that debth occurred at M, fram causes and on the date stated above 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. DIRECTOR director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIÁN'S O HOSPITAL FUNERAL Rafael Perez-Mera NAME (Type) 7306 Liberty Rd. Balt. Md. 21207 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION REMOVAL (Specify) Druid Ridge <u>Pikesville 8</u> 24. FUNERAL DIRECTOR Loring Byers-8728 Liberty Rd. Randallstown. Md





OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

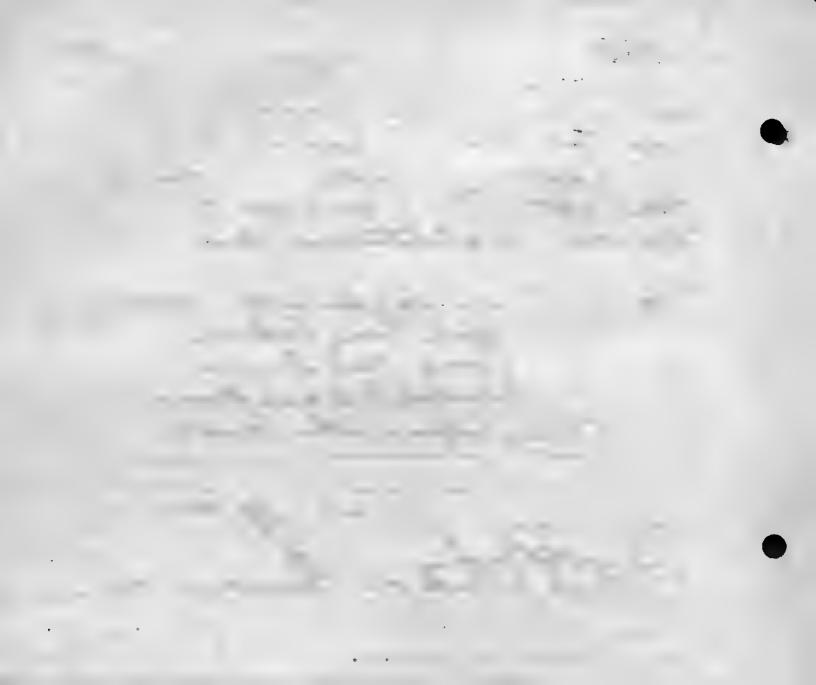
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be retained

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH						
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
	CERTIFICATE OF DEATH						
E 20 1	1. PLACE OF DEATH 2. USUAL RESIDENCE/(Where deceased fived, If institution: Residence belof admission)						
9 5 2	e. COUNTY A. STATE!						
을 불건된	b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						
by and dead	, write RURAL and give nearest town)						
fter fter	HAMPS FEAD RUYA ! HIE JUNE - STREET ADDRESS . IS RESIDENCE						
age s	ON A FARM?						
d Chin	J. WAME OF First PORC Middle William 4. DATE Month Day Year						
로 들었다 /	DECEASED OF						
omp in pa	MARIES LUND MORE 25 007						
od com	last birthday) Months Days Hours Min.						
e b Carr	MA/e While WIDOWED DIVORCED 17ec 2, 1893 73 yrs.						
ical cian ove	10s. USUAL OCCUPATION (Give kind of work dopedying most of working life, even if retirad) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
ertif em em en	Steel Worker Bridge Construction Denner Colorado. 45%						
4 to 1 to	13. FATHER'S NAME						
dead nding plea and	Un Known						
tten tten en el <sub>k</sub> a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  (Yes, no, or unknown)   (Ifyas give war or datas of service)						
a ta a t	NO 173-01-9376 Lillian LUNC JAMPSTERD MC						
古 記 本 語 配	TONSEL AND PEALTY						
Signal Para	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) /100/ le Coroner Occhel sur						
Physical Phy	DUE TO O						
Wind was	Conditions, if any, which (b) (Noney Heart Street						
he lend bee bee	geve rise to immediate causa  {e), stating tha underlying DUE TO						
Ta de la	couse tast. (c) likerelline (leglo thereby Electore)						
AN Para target and tar	PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO						
Spitting war							
N O O O	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE YOW INJURY OCCURED. (Enter natura of injury in Part i or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING EXAMINER.						
끖둫뚩충革	· ·						
The Factor	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)						
ned of A	Hour a.m. While Not While Isothy shoet, state of the stat						
e D e e e e e e e e e e e e e e e e e e	21. I certify that (I) (this hospital) attended the deceased from Jan 4 to Mark 26, 19.6%, that (I) (we) last						
ould late	saw the deceased alive on Table 2. 1967, and that death occurred at M, from the causes and on the date stated above.						
Star of Star	220. SIGNATURE 22b. DATE ATTENDING MED. STAFF SIGNED						
H410 =	MD PHYS DIRECTOR PHYS. 3/2467						
PERA Page With	PAZE. PHYSICIAN'S 1 22d. ADDRESS NAME (Type) 1 22d. ADDRESS						
O HOSPITAL death. Page 4. O FUNERAL director, page be filed with if	Jusy's Country line 14 Habit Cass Mary Berg						
SHE SE	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)						
O g G g g	Burial   March 29, 1967 Grave Run Cemetery   Hampstead, R.D. Md.						
VR A15 (4)	MAR ON 40C7 Charles						
15M 7-62	Tipton - Eline Funeral Home Hampstead, Md.						



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04446 PIDE & Jack 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmissing a. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Towson Conv. Home 501 West University Parkway 301 West Chesapeake YES NO J. NAME OF M.ddle Year DECEASED [Type or print] DEATH March Rufus 1967 Charles Mac Lellan within and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthdey) Months Deys Hours Male Whi te WIDOWED K DIVORCED Feb. physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! **Femove** & State, or foreign country) one during most of working life, even if retired; U.S.A. Rd Manager B. & O. RR Marvland 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Arthur MacLellan Talbot 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, 80, or unkown) | (Hyesgive yer or detes of service) Mr. Arthur MacLellan same address 18. CAUSE OF DEATH |Enter only one cause per land or (e), (b), and (c INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO (a), steting the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a.m. While Not While al work el work M, from the ..., and that death occurred ald lauses and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR M.D. ADDRESS 22c. PHYSICIAN 22d. FUNER NAME (Typ 238. BURIAL, CREMATION, | 23b. CATION (City, town or county) Woodlawn Cemetery O 24 FUNERAL DIRECTOR'S SIGNATURE 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4)

DEMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03280 emoye carbon popers. Pages 1 and 2 griy event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1 PLACE OF DEATH a COUNTY o. STATE **b** COUNTY MARYI AND Maryland Washington Baltimore Poges b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 write RURAL and give nearest town) The law requires that the death certificate be executed within 24 hours 10 years Owings Mills Keedvsville d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Rosewood State Hospital YES X NO 3 NAME OF First Middle 4. DATE Manth Dov Year Last remoye carbon completely OF DECEASED
(Type or print) 19 67 TTALAM Anna DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH AGE (In years SFX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Hours Days 11-13-10 WIDOWED DIVORCED Female White 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10o, JSUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR ond in COUNTRY? during most af warking life, even if retired) INDUSTRY U.S.A. Washington Co., Md. Dependent none 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, or removal, George Malatt (Dec. Effie Katherine Kelly (Dec.) 15. WAS DECEASED EVER IN 5 ARMED FORCES?
(Yes, na, ar unknawn) [(If yes give war ar dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Rosewood Records, Owings Mills, Maryland none CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c)) signed by the buriol-transit p PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO for use as the b Health prior to b stating the underlying couse Poge 4 may be retoined by the hospitol or ottending this certificate hos been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING be detoched for Stote Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While Hour om. at work at work FUNERAL DIRECTOR: After 21 (this haspital) attended the deceased fram 12-26 19.56, to 5-13 1907, that 39) (we) last director, page 3 should should be filed with the 19 67, and that death accurred at 2:00 Matrath causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 03-W00 23c. NAME OF CEMETERY OR CREMATORY 23d\_LOCATION (City or Town (Couldy) (Stote) 23b. DATE THEREOF 23a BURIAL CREMATION. PEMOVAL (Specify) CSPW000 ADDRESS 0 25o. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ocharles 20 M 1/66

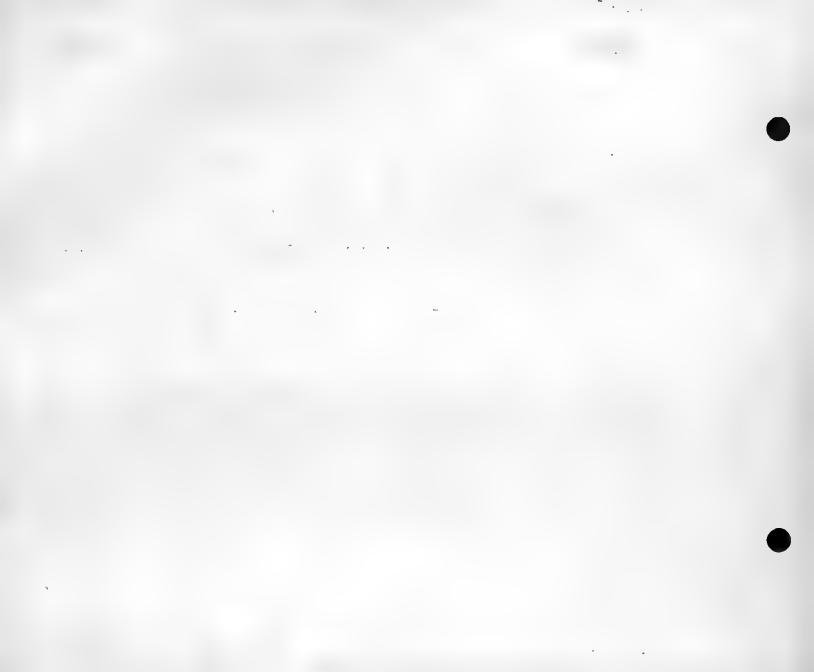
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03281 CERTIFICATE OF DEATH PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If putside carparate limits, write RURA), and give negrest town) FORT HOWARD 1 DAY BALTIMORE .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 345 S. FURROW STREET YES NO T NAME OF Middle First DATE Month Year DECEASED JESSE MARTIN MARCH 19 67 (Type or print) DEATH S SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Months Days Hours MALE WHITE WIDOWED DIVORCED AUGUST 30, 1886 10b. KIND OF BUSINESS OR 100 LSUAL OCCUPAT ON (Give kind of work done 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? gug MINERAL COUNTY. W. VA. 13 FATHER 5 NAME 14. MOTHER'S MAIDEN NAME remaya JOHN B. MARTIN MARTHA VA HOSPERAL 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes no ar unknown) (If yes give war or dates of service) ъ 220 07 65 92 FORT HOWARD, MARYLAND CLINICAL RECORDS INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) ONSELLAND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA OF LEFT LUNG IMMEDIATE CAUSE (g) **MIXIN** Conditions, if any, which gave 1 LAENNEC'S CIRRHOSIS UNKNOWN rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO CERTIFICAT 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour om. factory, street, office bidg., etc.) While at work at wark 21. I certify that (1) (this hospital) attended the deceased from MACRH 1, 19 67, to MARCH 1, 19 67, that (1) (we) los saw the deceased glive an MARCH 1, 19 67, and that death occurred at 1120 m, from causes and an the date stated above 19 67. to MARCH 1 O FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED 3/2/67 X G M DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) PETER V. JUVÁN. M. D. VAH FT HOWARD. MARYLAND directar, shavld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (State) LOUDEN PARK NATIONAL BATTIMORE, MARYLAND ADDRESS 25a REC'D BY REC STRAN 25b REG STRAR S SIGNATURE 257 8. CONKLING ST. BALTIMORE, AD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 032822 USUAL RESIDENCE (Where deceosed lived, if institution: o. COUNTY a. STATE b. COUNTY Marvland Baltimore Baltimore MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN ( f outside corparate mits, C LENGTH OF STAY IN 10 write RURAL and give negrest town) Cockevsville Hours Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? form NO Se YES St. Joseph Hospital 601 Cranbrook Road along with 3 NAME OF 4 DATE Lost Month Year DECEASED **OF** in Item 18. Give Samue 1 (Type or print) Ralph Mason DEATH March IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9, AGE ( n years F UNDER 1 YEAR 7 MARR ED NEVER MARRIED lost birthdoy) Months Dovs Min. Male White WiDOWED DIVORCED [ event within 72 hours ofter deoth July 17, 1904 62 yrs the certificate, writing the word "pending" in pencil in Item 1. 4 should be forwarded to the Chief Medical Examiner's Office 100 JSUAL OCCUPAT ON (Give kind at work done 10b KIND OF BUSINESS OR 11 BiRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? This certificate should be executed within 24 Coal Traffic Mamager
13. FATHER'S NAME Western Md. R.R. Raltimore, Maryland
14. MOTHER'S MAIDEN NAME H.S.A Mary Rau Charles Edward Mason 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wor or dates af service) Mrs. Jennie S. Mason 601 Cranbrook Rd 21030 705-10-5081 Yes 18 CAUSE OF DEATH (Enter only one couse per no for (o), (b), and (c))
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) please execute the certificate, writing the word DUE TO in any Canditions, if any, which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse 0.5 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED? or removal, CERTIFICATION 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW NOURY OCCURRED (Enter noture of njury in Port or Port II of item 18) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form (City or fawn) (Caunty) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Hour om. Nat While at wark of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [ Inquiry , and in my opinion DIRECTOR: Undetermined manner funeral director. death resulted fram. Natural causes -Accident Suicide . Hamicide moy be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MED CAL EXAM NER FUNERAL -DEPUTY MEDICAL EXAM NER O'DON!ELL. M.D. F. Address (Street, city, town, or county) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23a BUR AL CREMATION 0 Cremation 3/14/67 Green Mount Crematory Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR REGISTRAR'S S GNATURE VR A15ME (5) Wm. Cook-Brooks Towson 1050 York Rodd 21204 6M 1/67



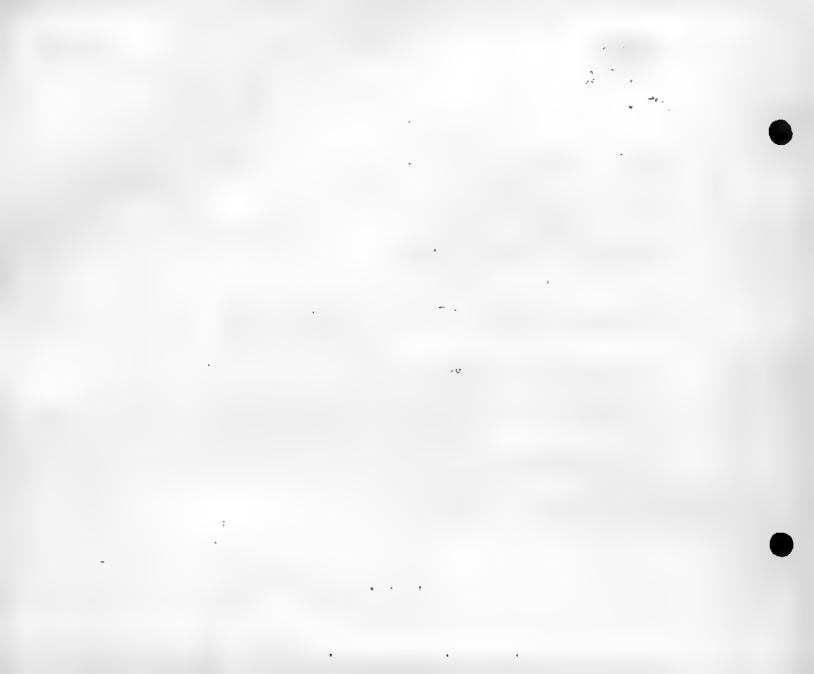
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR 03283CERTIFICATE OF DEATH death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Baltimore after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 24 hours 3vr3mth26dvs Catonsvilla Baltimore falled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1802 Morrell Park Avenue HOSP ITAL SPRING GROVE STATE NO F YES within etely carbon 3. NAME OF First Middle DATE Month Z Last Day DECEASED event; 67 сошрів Matalis (Type or print) DEATH March 13 19 Victoria Frances death certificate be executed and con 5. SEX 6. COLOR OR RACE NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 7. MARRIED WIDOWED Dec. 24, 1888 female white DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician COUNTRY? Lithuania seamstrees Claltini 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then remova Muteumonn ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 215-01-5393 HOSPITAL Records: SPRING STATE GROVE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute cardiac failure IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Bilateral pneumonia Conditions, If any, which реел gave rise to immediate the c DUE TO cause (a), stating the prior 1 underlying cause last. has 38 ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health I PERFORMED? certificate NO P Chronic brain syndrome associated with senile brain dis. YES [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) 20e. PLACE OF INJURY (Home, farm, be de State I factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work Nov. March 13 19 67, that A (we) last 21. I certify that (F(this hospital) attended the deceased from DIRECTOR: age 3 should lied with the , and that death occurred at saw the deceased alive on March 19 M, from the causes and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED ATTENDING page 3-14-67 DIRECTOR M.D. HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS SPRING GROVE STATE HOSPITAL director, p NAME (Type) Evelio Felipe. Baltimore, Maryland 21228 NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23a. REMOVAL (Specify) FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 24. REC'D BY REGISTRAR ADDRESS VR AI5 (4) 20 M 1/65



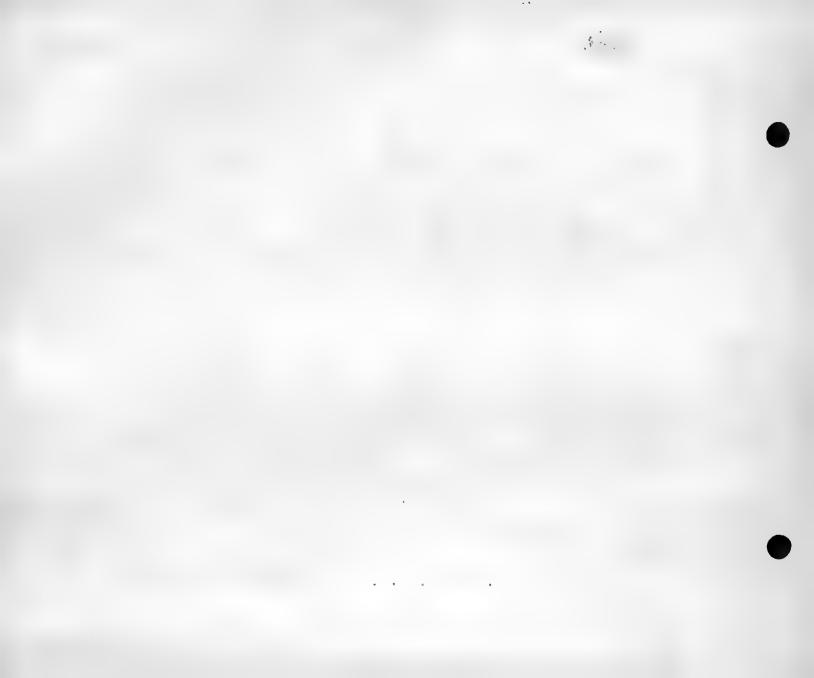
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03284 PLACE OF DEATH USUAL RESIDENCE (Where deceased fived of institution Residence before admission) a COUNTY o. STATE Md. **b** COUNTY Page + 0 ofter death. Balto. Balto. MARY\_AND Deportment b CITY OR TOWN ( f autside carparate imits. c LENGTH OF STAY IN 16 c C FY OR TOWN (If autside carparate mits write RURAL and give nearest tawn) write RURAL and give nearest tawn) Baltimore 7 Randallstown D. O. A. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? form hours 5414 Gwynndale Ave. Poges Balto. Co. General Hospital YES NO THE hours after death 3 NAME OF Middle 4 DATE Last Month Day Year DECEASED Arthur Give Maton Mar. 19 67 (Type or pant) DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE ( n years IF UNDER 1 YEAR F UNDER 24 HRS 7 MARRIED NEVER MARRIED 76 birthday) Item 18. Haurs White Male Nov. 1. 1890 WIDOWED DIVORCED and 2 event 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working like even if retired City Water Dept. U.S.A. Maryland any d "pending" in pencil in Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within .⊑ John G. Maton Elizabeth Dorsey puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Balto. 7. Md. permit. ar removal. (Yes, na, ar unknown) (If yes give war ar dates of service) 217-12-0593 Mrs. Glenda Maton, 5414 Gwynndale Ave. 1B. CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Coronary Artery Disease IMMEDIATE CAUSE (o) .. yr used as a buriol-tron burial, cremation, a This certificate should e, writing the ward forworded to the C DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? the certificate. NO IX should be 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part . of tem 1B) ogent, prior PRIMARY CONTRIBUTING CO AL EXAMINER: CAUSE OF DEATH none 20c TIME OF INJURY Month, Day, Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (State) factory, street, office bldg., etc.) Not While none 19 at wark at wark designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection kc Inquiry x and in my apin on the funeral director. death resulted from Natural causes Accident Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** D. D. Caples, M. D. 5 may 170 FUNE 6 Hanover Ades, Iske isterstown, Md. 3-14-67 NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Bulla (Specify) Western Ba.1t.im 24 FUNERAL DIRECTOR Stansbury 6411 Windsor Mill Rd VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03285 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) in by the funeral a. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYFAND b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Catonsville 53yrlOmthl2dvs Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? physician and completely filled in please remaye carban pane Bay View Hospital STATE SPRING GROVE HOSPITAL YES NO 3 NAME OF Midd e First Lost 4. DATE Manth Day Year DECEASED Samuel Maxwell March 26 67 (Type or print) 19 DEATH S SFX F UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED 9. AGE (In years NEVER MARRIED last birthdoy) Days Hours 1878 WIDOWED T and in any white male DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10 LSUAL OCCUPATION (Give kind of work done 12, CTIZEN OF WHAT during most of working I te, even if retired) UNDUSTRY\_ GQUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, Emma? Samuel t. Haxwell the attending parties of the 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, ng, or unknown) (If yes give wor or dotes of service) 219-54-3228 능 HOSPITAL Records: SPRING GROVE STATE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Myocardial Infarction Arteriosclerotic cardiovascular Heart Dis Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been the 25/rs. Arteriosclerosis, generalized, senile PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO TE ήū 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. factory, street, office bldg., etc.) Not While of work at work 21 1 certify that (1) (this haspital) attended the deceased fram. May Li March 2019 0 ( that \* ) (we) last saw the decegsed alive on March 26 19.67 and that death accurred at M, fram causes and an the date stated above. 22a SICNATUR 22b. DATE SIGNED ATTENDING STAFF PHYS M.D. DIRECTOR 22d. ADDRESS SPRING **PHYSICIAN S** GROVE STATE HOSFITAL NAME (Type) director, progression of shauld be Baltimore, Maryland 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Loudon Oark Cemeteru 258 REC'D BY REGISTRAR MAR 2 9 196 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Moran, Inc. 3000



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03286 03278 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY a. STATA **B** COUNTY MARYLAND by the Pages van papers. Pages within 72 hours aft b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RUSAL and give negres) tawn) d/NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .= IS RESIDENCE ON A FARM? filled i nΛ YES NO carban NAME OF Middle DATE Month Day ¥еаг OF DEATH DECEASED (Type or print) 19 6 S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 9. AGE (In years last birthday) Months Davs Haurs please remay WIDOWED DIVORCED 10a USTA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired physician 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC/As 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c) ). INTERVAL BETWEEN PART . DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. 120000 DUE TO signed I buriol-tr Canditions, if any, which gave (b) rise ta immediate cause (a). DUE TO stoting the underlying couse be detached for use as the State Dept. of Health prior to last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO Z certificote 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II at item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF N.JRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (Stote) (City or town) (County) Hour to m. foctory, street, affice bldg, etc.) Not While TO FUNERAL DIRECTOR: After at wark 21. I certify that (!) (this haspital) attemded the deceased from . 1966 to m and 19 6 8 that (1) (we) last should be filed with the saw the deceased alive on maket 3 A M, from causes and an the date stated above. 1967, and that death accurred at 22a. SIGNATURE 22b. DATE SIGNED MED DIRECTOR 3-25-67 M.D abod 6402 Golden Ring Road 22c PHYSICIAN'S Lyden, M.D. Robert NAME (Type) director, BUR AL CREMATION. 23b DATE THEREOF JAME OF CEMETERY OR CREMATOR) LOCATION (City or Town) (State) (County) REMOVAL (Specify) ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REČ'D BY REGISTRAR VR A15 (4)\ 25M 1/67 Thomas 1967



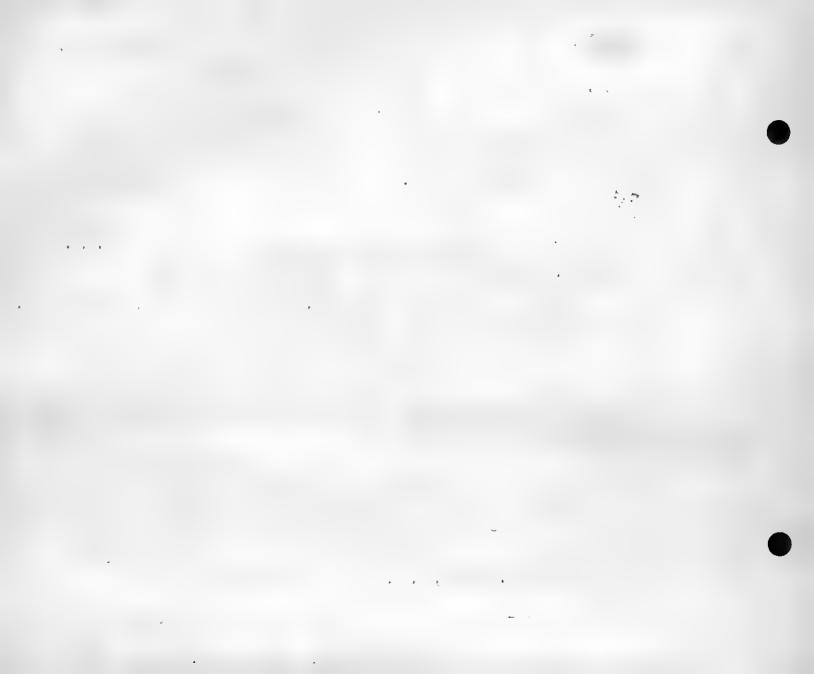
MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03279CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY Baltimore a STATE **b.** COUNTY Baltimore MARYLAND physician and completely filled in by the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nagrest topy) 5 yrs. 2516 Lawnside Rd. Timonium , Md. 21093 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? papers 2516 Lawnside Rd. YES NO# 2516 Lawnside Rd remove carban 3 NAME OF 4 DATE Month Year DECEASED
(Type or print) Thomas J. McMahon 3,26,67 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Hours July 5.1919 Cauc. WIDOWED DIVORCED 1) BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during reost of working life, every selection Electrinous TRY eose New York, N.Y. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Thomas J. McMahon Mary Delaney 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 2946 Lawnside Rd. (Yes, no or unknown) (If yes give wor or dates of service) 131 07 0243 Catherine M. McMahon, Timonium, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO stoting the underlying couse this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO C 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 20s, PLACE OF INJURY (Home, form, (City or town) (County) (State) 2D: TIME OF INJURY Month, Doy, Year Hour om. foctory, street, office bldg., etc.) Not While of work at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from 3/ and that death accurred at 1 55%. M. fram causes and an the date stated above saw the deceased\_alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR M.D director, page 3 should be filed v 22d ADDRESS 22c PHYSICIAN'S Tewsed 4 deil NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify)
Burlai 3/29/67 Dulaney Valley Cemetery Cockevsville, Md. 2Sb. REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Wm. Cook-Brooks Towson 1050 York Rd. 21204



/	DIVISION OF STATISTICAL RESEARCH AND RECORDS, S		REET, BALTIMORE 1, MARYLAND
ı	PLACE OF DEATH	2 HOURS PRODUMEN	Where deceased lived, If institution, Residence before
	COUNTY	a. STATE	b. COUNTY
ĺ	Baltimore MARYLAND	_ Md	Baltimore
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)		sida corporata limits, write RURAL and give naarast
ı	d. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	wood — - Jail
		_	A A A A A A A A A A A A A A A A A A A
	7228 Stratton Way # 21224 3. Name of Deceased	Last   4.	DATE Month Day
I	(Type or print) GILBERT SAMUEL	MICHAEL	or DEATH Merch 16.
ı	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UN
1	A B NODELLE WILLIAM DIVORGED TO THE	ec. 5 . 1903	lest birthday) Months Days Hour
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Stata, or foreign country) 12. CITIZEN OF WHA
	Coil Stocker Beth. Steell Co	o. Baltim	ore Md. U.S.A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ie .
	Wilbur G. Michael  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	Franc	
	(Yas, no, or unkown) (Ifyas give war or datas of service)		Address
	No 218-05-6090 1	Victoria E.	Michael Same.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY:	A	INTERVAL ONSET AI
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CEREBRAL VASCUL	AR ACCIDENT	10 ,
	× DUE TO	0	
ĺ	Conditions, if any, which   (b) HYPERTENSIVE HE	EART VISEAS G	13 4
ı	gava risa to immadiate causa (a), stating the underlying  DUE TO		
1	cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PART 1(a) 19. WA
^	<u> </u>		YES
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200 ACCIDENT WAS UNDERLYING  200 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH	D (Enter nature of injury in Part	I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Hour a.m. While Not While feelo	CE OF INJURY [Homa, farm, 2 ory, streat, office bidg., atc.)	20f. (City or town) (County)
ı	Hour a.m. While Not White Pacie		
	21. I certify that (I) (this hospital) attended the deceased from.		, to 3/16/6.7 , 19, that (
	saw the deceased alive on. 3/2/6719, and that	death occurred ay/3.41	M, from the causes and on the date sta
	22a. SIGNATURE	ATTENDING MED.	STAFF 72 /cm /
	May balene M.	.D. PHYS. DIREC	
1	22c, PHYSICIAN'S NAME (Typa)	22d. ADDRESS	mm 53-44 Polity 010
	May Baya		rn Blvd., Balto., 212
	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C		d. LOCATION (City, lown or county)
ľ	W W W.	Mic Comptonic	801 Frederick Ave.
1			
I .	Burial S. 20.67. Loudon Pa 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles S. Feiler 6224 Eastern Ave. Ba	25a. REC'D B	Y REGISTRAR 256 REGISTRAR'S SIGNATURE



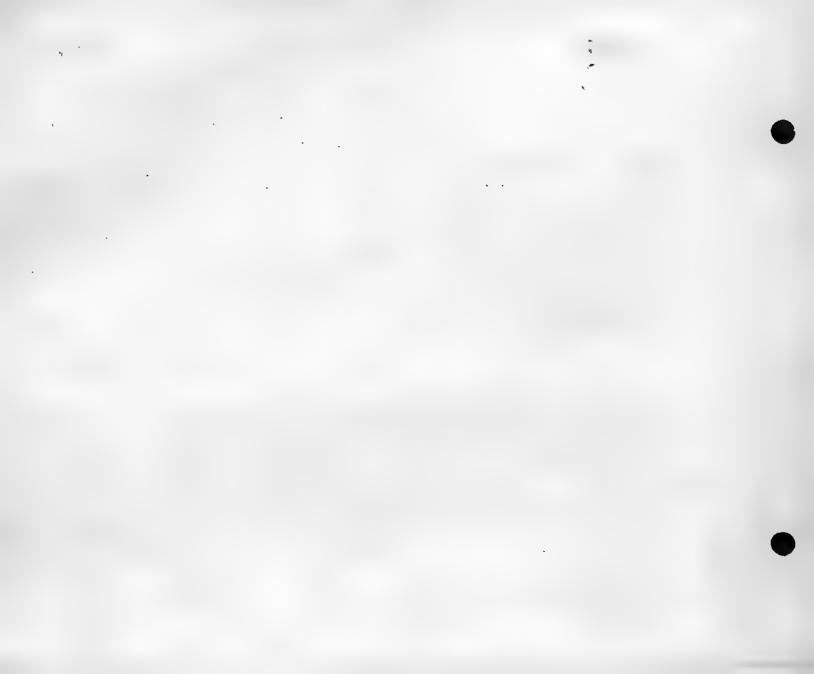
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03289 CERTIFICATE OF DEATH deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE MARYLAND b. COUNTY BALTIMORE MARYLAND The law requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If autside carparate amits, C LENGTH OF STAY IN 1h c CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) 51 DAYS BALTIMORE FORT HOWARD d. NAME OF MOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE dod 4700 Haldane Road VETERANS ADMINISTRATION HOSPITAL YES NO DE NAME OF pou First Middle Lost 4. DATE Manth Day Year DECEASED OF MITCHELL MARCH 6 67 (Type or print) Kabialahasi 19 COL DEATH 6 COLOR OR RACE IF UNDER TYEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** DATE OF BIRTH AGE ( n years last birthday) Months 2/23/94 Hours WIDOWED DIVORCED WHITTE MATE puo 10a USBAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during mast af working ite, even if retired) INDUSTRY COUNTRY? U.S.A. CABINET MAKER WOOD ILLINOIS 13 FATHER'S NAME 14. MOTHER'S MA DEN NAME or removol (oonrod LAURA (KOONARD) WILLIAM A. MITCHELL 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 14 SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor ar dates of service) CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 214 03 72 12 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEAT EXTENSIVE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) buriol-1 buriol, PULMONARY EDEMA RECENT Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) BENIGN PROSTATIC HYPERTROPHY YES TX NO certificote OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Marth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) Haur am. While foctory, street, office bldg., etc.) Not While at wark at work to 3/6/67 19\_\_\_\_, that (M) (we) los 21. I certify that (this hospital) attended the deceased from 1/ 14/67 19 be retoined and that death occurred at 7:00PM, from causes and on the date stated above sow the deceased olive on. DIRECTOR: 22a SIGNATURE 22b DATE SIGNED STAFF PHYS 7/67 M.D. DIRECTOR be filed 22d ADDRESS 22c. PHYSICIAN'S FUNERAL HOWARD C. KRAMER, M. D. NAME (Type) VAH FORT HOWARD. MARYLAND director, should be 23d LOCATION (City or Town) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION (County) (State) REMOVAL (Specify)
BURIAL MORELAND MEMORIAL CEMETERY BALTIMORE, MARYLAND ADDRESS 24 FUNERAL DIRECTOR RUCK FUNERAL HOME 5305 HARFORD ROAD, BALL MORE, MD.



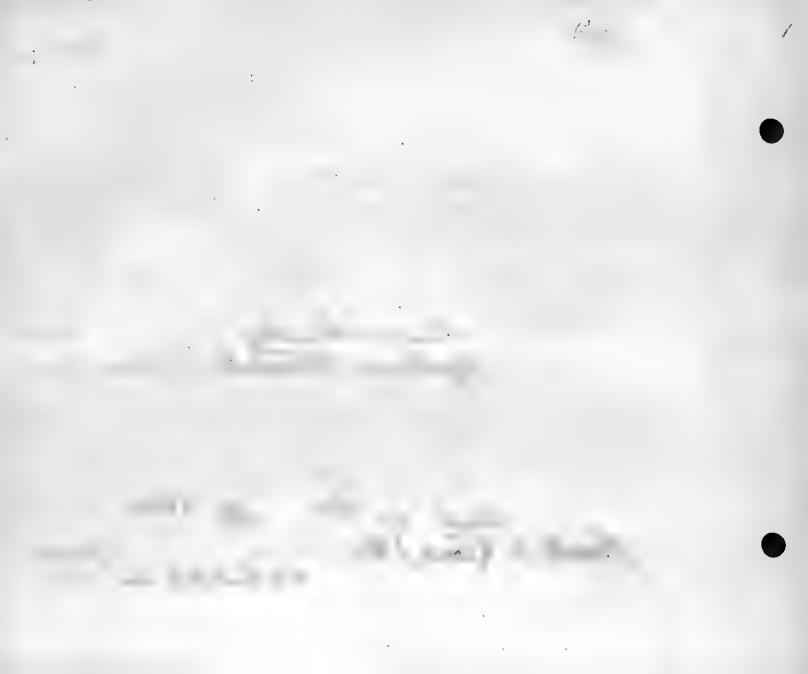
	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
WE 1	03290 CERTIFICATE OF DEATH 03282
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. STATE b. COUNTY / b.
기.	Baltimore County MARYLAND Md. 4. Christilli
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS   e. IS RESIDENCE
	Mount Wilson State Hospital 43 Storic William YES 18 NO
	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) War March 22 1967
l	5. SEX   6. COLOR DR RACE   7. MARRIED   1 NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HE
	F. WHI/E   WIDOWED   OIVORGED   3/3/41   70 yrs.
	10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR library 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
	Unhy Chalk Phose Siel
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT  (Yes, no., or unknown) (If yes give war or dates of service)
	NO RIGHT Records, Mount Wilson State Hospital
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]
1	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Ubstruction o full substitute from full su
1	Oct // DUE TO
1	conditions, If any, which (b) (b)
ı	cause (a), stating the DUE TO underlying cause last. (c)
	YES NO
Ì	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED? PERFORMED? YES NO [ 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	Hour a.m. While Not While factory, street, office bidg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from Warth 4, 1947, to March 22, 1967, that (I) (we) la
	saw the deceased alive on White A 2 1967, and that death occurred at 3 4 M, from the causes and on the date stated above
	22a. QUENATURE / 22b. DATE SIGNED
	M.D. PHYS.   OIRECTOR   PHYS.
-1	22c. Whysician's NAME (Type) Wm. Newcomer M.D. Superintendent Mount Wilson, Maryland
	Wm. Newcomer, M.D. Superintendent Mount Wilson, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
	REMOVAL (Specific 3/25/67 Lorraine Cem Baltimore Md
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
1	McCully F H 237 Patapace Ave 21225 DMAR 2 3 1967   Charles Judge
- 1	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03291 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE COUNTY bon papers. Pages 1 Within 72 haurs after MARYLAND requires that the death certificate be executed within 24 haurs after the attending physician and cample of Atlad in by the first permit. Then please remove carbon papers. Pages b. CITY DR TOWN (If outside corporate lim ts. CLENGTH OF STAY IN 1h c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) (If not in hosp tol, give street d. STREET ADDRESS IS RESIDENCE ON A FARM? NO DE YES 3 NAME OF Middle DATE Last Manth Year Day DECEASED OF DEATH event. (Type or print) 19 6 9. AGE (In years IF UNDER 1 YEAR OLOR OR RACE DATE OF BIRTH IF LINDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs and in any DIVDRCED WIDOWED 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY 13., FATHER'S NAME MOTHER'S MAIDEN NAM ar remayal. WAS DECEASED EVER IN J.S. ARMED FORCES INFORMAN (Yes, no, ar unknown) (If yes give war ar dates of service) crematian, 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH neutricar a IMMEDIATE CAUSE (a) physician. DUE TO burial, Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause te has been on the later of the later to the Page 4 may be retained by the haspital ar attending last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. MEDICAL 20e, PLACE OF INJURY (Hame, farm, (City or town) 20t TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (County) (State) Hour a.m. factory, street, affice blda., etc.) While Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram 19\_\_\_\_, that (I) (we) last ed fram\_\_\_\_\_\_, 19\_\_\_\_, ta\_\_\_\_\_\_, 19\_\_\_, that (I) (we) last , and that death accurred at PP M, fram causes and an the date stated abave. director, page 3 should should be filed with the saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR TO M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREO (County) (State) REMOVAL (Specify) ALTIMORE MAR 2 2 1967 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY. b. COUNTY a. STATE ALTIMOR by the Pages MARYLAND i mana b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town, write RURAL and give nearest town) OWSON .E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET\_AOORESS B. IS RESIDENCE ON A FARMZ event, within etely completely we carbon 3. NAME OF Month OATE Oay Year DECEASED 3 (Type or print) ONTGOMERLY DEATH 196 5. SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS 7. MARRIEO NEVER MARRIED dast oirthday) Months Davs Hours WICOWEO DIVORCEO physician n please r 10a\_USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11 BHATHPLACE (County & State, of Joreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY and COUNTRY? LEGISTERED RITA 13. FATHER'S NAME MOTHER'S MAIDEN NAM remova . d MLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit. cremation, or r 17. INFORMANT (Yes, no, or unkown) [(If yes give war or dates of service) rs.J.C.Campbell(sister0 608 stevenson 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions. If any, which gave rise to immediate **OUE TO** cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? NO Z YES 5 PHYSICIAN: this cerum detached fr 20a. ACCIDENT WAS UNDERLYING IT 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) OR CONTRIBUTING CAUSE OF OF OTH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d While Not While p.m. at work at work 21. I certify that (1) (this hospital attended the deceased from OIRECTOR: age 3 should led with the and that death occurred 22 M. from the causes and on the date stated above. saw the deceased alive on. SIG PHYS **OIRECTOR** M.O. PHYS. TO FUNERAL director, p should be 1 FUNERAL PAYSICIAN'S NAME (Type) AOORES: 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) 1.ar-6-67 Cremation Green! ount Baltimore-21202 FUNERAL DIRECTOR **ADORESS** REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Yowen to. 10c - .- North-Av-21201 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03293 OF DECEASED ET NAME 2. DATE AND HOUR OF DEATH PLAGE-OF-DEATHLIN RALTIMORE USUAL RESIDENCE (Where deceased ived. institution; residence before odmission! liame of dicensed: B. COUNTY LEUMARD IN ROZ. FULL NAME OF If not in hospital or institution, give street HOSPITAL OR filled in t papers. his 70 ho C. CITY BATTIMORE within Baltimore - 21 Thompson Blvd. carbon 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (n yeg/s If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min. WIDOWED, DIVORCED (specify) last birthday) Child SIDA USUAL OCCUPATION [G.ve kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHE ACE (State or foreign country) 12. CITIZEN OF edone during most of working life, even if retired) WHAT COUNTRY? certificate be physician a 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 16. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) permit. BOUF 18. CAUSE OF DEATH INTERVAL BETWEEN al-transit ONSET AND DEATH DISEASE OR CONDITION DIRECTLY physician. LEADING TO DEATH signed bur al-tr (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease, injury or complication which coused death.) as the l ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise the above couse (A) stoting the haspital ar certificate UNDERLYING CONDITION lost detached OF INJURY Not While While (APPROX.) At Work FEDNILBLY & 3.19 67.10 19 that (1) (we) last saw the deceased alive on FCD MUQUA and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23 B, DATE SIGNED 23A. SIGNATUR Med. M.D. Altending [ Director TO HOSPITAL Page 4 may to FUNERAL D 23D. ADDRESS 23 C. PHYSICIAN'S E 24A, BURIAL CREMATION, 124B, DATE 24D. LOCATIO (Stote) 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 25C. FUNERAL DIRECTOR 25A, DATE MAR 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03294 death ond 2. USUAL RESIDENCE (Where deceased lived, if institution the attending physician and completely filled in by the funeral sit permit. Then please remove carbon papers Pages I and nation, or removal, and in any event, susthin 72 hours after deat PLACE OF DEATH Residence before admission? PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Baltimore a. COUNTY a STATE Maryland b. COUNTY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore 21206 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? 4740 Shramrock Avenue St. Joseph Hospital YES 🔲 NO I 3 NAME OF 4. DATE Month Year DECEASED Margaret Mary Morris 67 DEATH March 19 (Type or print) 9. AGE (In years S SEX 8. DATE OF BIRTH IF UNDER JE UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED X **NEVER MARRIED** last birthdoy) Manths Days Haurs Female Whi te 1-13-20 WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Homemaker INDUSTRY COUNTRY? Baltimore, Md. Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Katherine Walters Leonard E. Loewer 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, ar unknown) ((If yes give wor or dates of service William Morris, husband, above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-fronsit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY Carcinoma, metastatic of lung and brain Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by secondary to carcinoma of breast. Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause use os the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? REDICAL CERTIFICATION NO x jo 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Not While factory, street, affice bldg., etc.) at wark 21. I certify that (this hospital) attended the deceased from March 12, 19 67, to March 29, 1907, that (we) last saw the deceased alive on March 29, 1967, and that death accurred at 5:00 AM, from causes and an the date stated above. March 12 19 67 10 Fiarch 29, 1957, that (we) last 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS MED. DIRECTOR March 29,1967 M.D. 7620 York Rd., Towson, Md. 21204 22c. PHYSICIAN S Jaime Ambrad. M.D. NAME (Type) director, should b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Md. 3/31/67 Balto. Nat. Cem. 25b. REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR Funeral Home, Inc. VCharles Judge Brehms Lane



		Division of STATIS				PARTMENT OF HI W. PRESTON STRE		MORE, MARYL	LAND 21201	
	0329	5		CERTIFI	CATE	OF DEATH			03	1287
	1. PLACE OF DEATH o. COUNTY Balt	timore		MARYL	AND	2. USUAL RESIDENCE (V		sed lived, if institut b. COUI		
1	b (ITY OR TOWN ( write RURAL and Owir	If autside carparate Imi d give nearest tawn) 188 Mills		c LENGTH OF STAY IN	Ìb	c CITY OR TOWN (If au				
*	d NAME OF HOSPIT	AL OR INSTITUTION (If n				d. STREET ADDRESS	0			e IS RESIDENCE ON A FARM?
	3 NAME OF		irst	Middle		Box 3	4. DATE OF	Mont		Day Year
	(Type or print) S. SEX	6. COLOR OR RACE	rbara 7. MARRIED	Joan  NEVER MARRIED	X   8	MOZINGO  DATE OF BIRTH	DEATH	Marc . AGE (In years	IF UNDER 1 YEA	
	Female	White (G ve kind of work dane	WIDOWED	DIVORCED  ND OF BUSINESS OR		12-16-64 11. BIRTHPLACE (County	9 State at fa	2 yrs.	Months Doy	
	during most of working Dependent	life, even if retired)	INI	none		Anne Arun	del C		COUNTR	U.S.A.
	13. FATHERS NAME  Ronald Ed	lward Mozin	EO.			14 MOTHER'S MAIDEN ! Delores J		ucker		
	15. WAS DECEASED EVE	R .N U S ARMED FORCES? (If yes give war ar dates	16. 5	none		NFORMANT Rosewood Rec		Addre		Manuland
	18. CAUSE OF DE	ATH (Enter only one co IH WAS CAUSED BY			-	urrest	or as i	OWILINGS !		INTERVAL BETWEEN ONSET AND DEATH
V	Conditions, if any, rise to Immediat	e couse (n)	(b) ROCC		4	difficult	4		1	2416
	stating the under	rlying cause	102º01	0. 050ir	to	ion ene			. 19	ehro
3	Microc	CEONALIA	· blic	d. Head	کر ح	HE TERMINAL DISEASE CON COCO W Enter nature of injury in	sota	1 rotaro		19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)						,		
	20c. TIME OF INJU Hour o.n	to.	20d IN While at wark	Nat While		E OF INJURY (Hame, farm iry, street, affice bldg., etc.)		(City or town)	(County)	(State)
	21. I certit	fy that (X) (this has	spitol) ottend 3 – 3	led the deceased f	rom nd that	death occurred an	966, 1 10P N	o <u>3-3</u>	, 19 <u>.6.7,</u> and an the d	thot (I) (x/é) las late stated abave
	220 SIGNATURE	١.	hido	20	M D	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.	22b DATES	
1	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS	bo	to to H	1980 i	tal
1	23a. BURIAL, CREMATIC REMOVAL (Specify Burial	Mar. 5.		23c NAME OF CEMET		rial Garde	ns D	CATION (City or To)	. ,	nty) (Stote)
the state of	24. FUMERAL DIRECTOR	no Tunera	. //	wings, Max		25a. REC'D	BY REGISTR	1967 1967	GISTEARS SIGNA	



/ <b>1</b>	Items 18-21 Film 387 4-5 MARYLAND STATE DE	PARTMENT OF HEALTH STON STREET, BALTIMORE, MARYLAND 21201	
EQR STATE		S CERTIFICATE OF DEATH	03288
HEADY DEPT.	o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived if institution of STATE Maryland b COUNTY	n Residence before odmission) Y Harford
r death H delay ve Pages 1, 2, omd 3 3 with farm P=3. Pag the State Department	b CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 1b write RURAL and give nearest fown) Fort Howard	c CITY OR TOWN (If outside corporate limits, write RURA Forest Hills	I ond give nearest town)
n F	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
fes i, form	Fort Howard Hospital	1400 Bowles Terrace	YES NO K
s after death II.  18 Give Pages 1, argaing with farm with the Stote De	3 NAME OF First Middle DECEASED (Type or print) PAUL A	MULLIN 4. DATE Month OF DEATH Marc	
2 with	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED		Months Doys Hours Min
in pencil in 14 hours are in pencil in 14 m 18 Examiner's Office at File pages Tavid 2 w	100 USUA. OCCLPATION (G ve kind of work done during most of working life, even if retired)  Sr. Engineer INDUSTRY  Martin Co.	11 BIRTHPLACE (Stote or foreign country)  East Lansdowne, Pa.	12 CITIZEN OF WHAT COUNTRY?
d within in pencil Examiner File page 2 hours a	IS. FATHER'S NAME  Joseph P. Mullin	Evalyn Craft	
x≡cuted v nding" in Medical Ex perm₁ Fi	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (Yes. no. or unknown) (If yes give wor or dates of service)	7. INFORMANT Address  Ars.Anne E. Mullin (	Same)
be exmined Medical Med	18 CAUSE OF DEATH (Enter only one couse per ne f and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Bronchopneumon:		INTERVAL BETWEEN ONSET AND DEATH
MEDICAL EXAMINER: This certificate shauld be exacuted within 24 hours after death please execute the certificate, writing the word "pending" in pencil in Item 18 Give Page director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office atong with fretained for your files.  DIRECTOR: Page 3 should be used as a burial-transit permit file pages 1 and 2 with the Stater to burial, cremation, or removal, and in any event within 72 hours after death.	Conditions, if ony, which gove rise to immediate couse (o),	sions and subdural hemorr	hage
ficate ing th ded 1 as a and ii	stoting the underlying couse (c)		
e, writi forwan Lused	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES X NO
NER: This certificate, hauld be files. snauld be and on the central certificate, and on the certificate on, or remover the certificate on the certificate of the cert	PR MARY X or CONTRIBUTING Driver in auto-	ED (Enter notice of injury in Port For Port Foi item 18.) -truck collision	
se execute the certificate. Page 4 shauld med for your files. ECTOR: Page 3 should burial, crematian, or	20c. TIME OF INJURY Month, Doy, Year Hour a m. 12:03 Pre 1 20 19 67 of work of work 20 of work 20	PLACE OF INJURY (Home, form 20f (City or town) foctory, street, office bldg, etc.)	(County) (Stote)  Baltimore Md
xecute the xecute the Page 4 for your OR: Page 4		held on Autopsy 3. Inspection , Inqu'i	ry 🔲, and in my opinio
ease e rrectar ained IRECT	death resulted fram: Natural causes , Accident X, S	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MEDICAL EXAM necessary, please execute the thread director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crema	SIGNATURE Charles d'eller	M D ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	3/20/67
TO DEPUTY necessary, the funeral 5 may be 10 FUNERAL Health prior	NAME (Type) Charles S. Petty  230 BURIA, CREMATION 230 DATE THEREOF 234 NAME OF CEMETERY	Address (Street, city, town, or county)  OR CREMATORY 23d OCATION (City or Town	n) (County) (State)
TO D TO FI	230 BURIA, CREMATION, REMOVAL (Specify) 3/22/1967 Burial 3/22/1967 Baltimor	re National Baltimore	, , , , , , ,
VR A15ME (5)	H.W. Jenkins & Sons Go. 4905 York Ro	d. MAR 2 1 196/	INTRAK 7 SIGNATURE



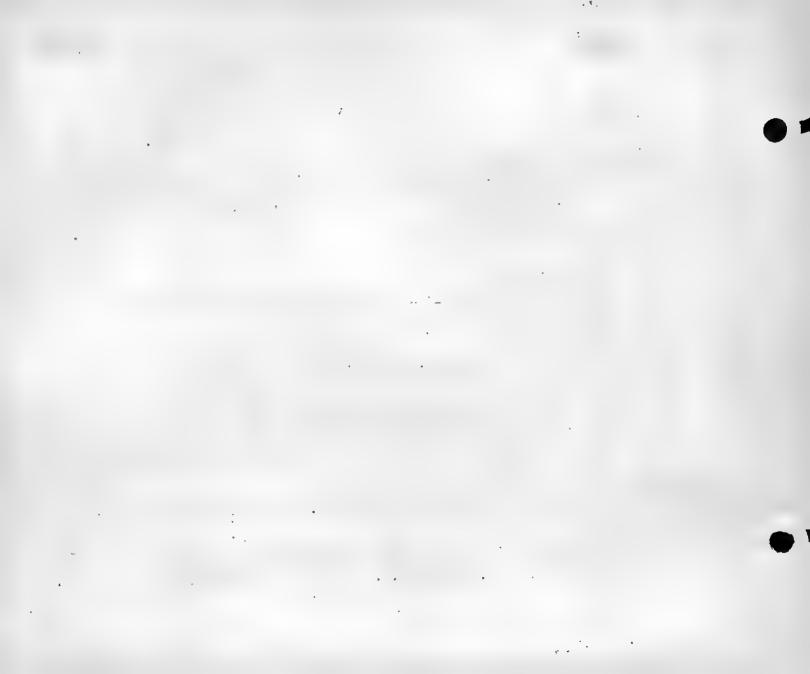
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03297 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution o COUNTY o. STATE b. COUNTY Baltimore Maryland Baltimore MARY, AND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c ( TY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 2, and PM3, F Baltimore State Depart d NAME OF HOSPITA. OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? with form Pages St. Joseph's Hospital 412 Hillen Rd. YES NO X 24 haurs ofter death 3 NAME OF Midd e 4. DATE Month Dov Year DECEASED OF DEATH Give RICHARD (Type ar print) FRANK MURPHY 67 S. SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Manths Dovs Hours 8/4/91 White Male WIDOWED A DIVORCED Item 1 10a USUAL OCCUPATION (G ve kind of work done IDE KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 ( TIZEN OF WHAT 0 COUNTRY? during most of warking life, even if retired) INDUSTRY Virginia e, writing the ward "pending" in penal in farwarded to the Chief Medical Examiner's Brakeman Railroad 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME hours Phillip A. Murphy Carrie P. Fish 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. any event within 72 (Yes, na, or unknown) (If yes give war ar dates of service) No 213-12-6307A Donald R. Murphy-412 Hillen Rd. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per light a burial-transit p CONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o This certificate shauld **DUE TO** Canditions, if any, which gave rise ta immediate cause (a) DITE TO stating the underlying couse D. and S 03 WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) or remayal, PERFORMED? CERTIFICATION the certificate, NO aq 20g EXTERNAL CALSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 1B.) shauld PRIMARY CONTRIBUTING C bluods CALISE OF DEATH files. cremation, MEDICAL 20c TIME OF INJRY Manth, Day, Year 20d IN.LRY OCCURRED 20e. PLACE OF INJURY (Hame, form 2Df (City or town) (County) (State) Page Hour am Nat While factory, street, office bldg, etc.) at work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry ond in my opinion death resulted fram funeral director. Natural causes Accident Suicide Hamicide Undetermined manner may be retained FUNERAL DIRECT CHIEF MEDICAL EXAMINER **ACTUAL** 22 DATE RIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 1 O FUNER Health Address (Street, city town ar county) NAME (Type) O'DONNELL, M.D. CHARLES 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION REMOVAL (Specify) Lorraine Park Mausoleum Baltimore Entombment 24 FUNERAL DIRECTOR Altenburg 6009 Harford Rd. VR A15ME (5) 6M 1/67 Funeral Home, Inc.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY e. STATE b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pag write RURAL and give nearest town) 24 hours ALTIMORF 2 mos, 23 da Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE DN A FARM? filled d. STREET ADDRESS within NO X YES within etely carbon NAME OF Middle Month DECEASED event, 1 compli (Type or print) OSE DEATH MM N 19 executed 5. SEX 6. CDLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS NEVER MARRIED emove 7. MARRIED Months Davs апф WIDOWED ling physician a Then please. 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME endi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. cremation, or r 16. SDCIAL SECURITYND. | 17. INFORM (Yes, No, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), The law requires that the -transit DNSET AND DEATH PART I. DEATH WAS CAUSED BY: been signed the burial-transtrant to burial, creater to burial, creater to burial, creater the burial the buri IMMEDIATE CAUSE (a) DUE TO a ARCINOMA Conditions, If any, which gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTDPSY for use Health PERFORMED? NO F YES W 20a. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) ached flept, of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work D.M. U 3 should with the 12-15-, 1967, to 3-9-, 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... DIRECTOR: 1967, and that death occurred at 6.55M, from the causes and on the date stated above. saw the deceased alive on \_ 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR O HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) BURIAL, CREMATION, 23a. 23b. DATE THEREOF 23d. (State) 23c. EMOVAL (Specify) REGISTRAR SIGNATURE FUNERAL DIRECTOR VR AL5 (4) 20M 1/65

1 2 3 .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission). a. COUNTY b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH DE STAY IN 3b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 28vr5mthlhdvs Baltimore Catonsville d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? 1110Washington Blvd. HOSPITAL STATE SPRING GROVE NO E executed within NAME OF First Middle Last DATE Month DECEASED Josephine Noone Marv 19 67 (Type or print) March DEATH 31 5. SEX 6. COLDR DR RACE | 7. MARRIED | NEVER MARRIED | 4 ACE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE DE BIRTH last birthday) Months 1 Days Hours July WIDDWED DIVORCED [ female white 9 10a. USUAL DCCUPATION (Cive kind of work done ) 10b. KINO OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT death certificate be during most of working life, even if retired) U. S. Maryland houswwork Jones 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Sarah Callahan John Noone 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Records: SPRING HOSPITAL GROVE STATE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO Arteriosclerotic heart disease Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. ass PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINDT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Mental deficiency, moderate, with psychotic reaction YES [ NO DO 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) tached for the second s MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work 21. I certify that (this hospital) attended the deceased from Oct. 17 19 38, to March 31, 19 67, that (1) free last saw the deceased alive on March 31 1967 35M, from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE p. 22b. DATE SIGNED page MEO. 3-31-67 M.D. DIRECTOR PHYS. 4 17134 TO HOSPITAL 22d. ADDRESS SPRING PHYSICIAN'S GROVE STATE director, p HOSPITAL Evelio Felipe, NAME (Type) Baltimore, Maryland 21228 23cm NAME OF CEMETERY OR DREMATORY MDCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) ADDRESS 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR 25b, REGISTRAR'S SIGNATURA 196 VR ALS (80)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death signed by the attending physicion and completely filled in by the funeral burial-transit permit. Then please remove torban papers. Pages I and burial, cremation, or removal, and in any eyent, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY o. STATE **b** COUNTY **MARYLAND** CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest frawn) Write RURAL and give nearest tawn) d\_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS 90 YES | NO K NAME OF First Middle Lost DATE Month Year DECEASED .4001 OF DEATH X/ (Type or print) 19 S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost, birthday) Months Hours DIVORCED 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave (b) rise to immediate couse (o), DUE TO stating the underlying cause Page 4 may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 5 should be filed with the State Dept. of Health prior to TENSION **l**ast 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. factary, street, affice blda .etc.) While Nat While 19 ot wark ot work 21. I certify that (1) (this hospital) attended the deceased from 19 19\_\_\_, that (I) (we) last and that death accurred at I.Y. A.M., fram causes and an the date stated above. saw the deceased alive an 22a. SIBNATURE 22b. DATE SIGNED STAFF MD. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Month 111 24. FUNERAL DIRECTOR. -**ADDRESS** VR A15 (

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



		DIVICION OF CRACK		ND STATE DEF	AKIMENI OI		ra Manwiahin
		03302	SIICAL RESEARC	CERTIFICATE	OF DEATH	STREET, BALTIMOR	n3294
		PLACE OF DEATH	Item#8 Fil	lm # <del>4366_3/29</del>		(Where deceased lived, If inst	rtutions Residence before edi
	_	Baltimore		MARYLAND	* West Virg	inia b. COUNTY	
		b. City OR IOWN (if outs de corpo write RJRAL and give neerest to	orete limits, c. own)	LENGTH OF STAY IN 16		uts'de corporete limits, write RI	JRAL end give nearest town)
	-	MIXTOR  d. NAME OF HOSPITAL OR INSTIT	UTION (if not in hospital,	Oive street address	Bridgepor  d. STREET ADDRESS		e. 15 RES
		1811 Roland Ave				Stout Street	A MO
	3	NAME OF DECEASED	First	M.ddle	Lest 4	. DATE Month	Day Year
		(Typa or print)	Mau de	M.	Nuzum	DEATH March	15, 196
_ `	N		R RACE 7. MARRIED	NEVER MARRIED B	TE OF BIRTH 1874	9 (GE (in years IF last birthday) 1 M	UNDER 1 YEAR IF JNDER 2
I	1.3 -	Temale Whi	THE WILD LA		an 21, 1864/	93 уга.	1
	do	. USUAL OCCUPATION Give kind no during most of working life, ever HOU SOW! I C	of work 10b. KIND ( if ratired)	OF BUS NESS OR INDUSTRY			12. CITIZEN OF WHAT CO
		FATHER'S NAME			West Vir	g <b>inia</b>	
		Harlow Wi	lkinson		Mary		
		WAS DECEASED EVER IN U.S. ARA		IAL SECURITY NO. 17. IN	•	1811^#81a	nd Ave
	11.	_	1	Mrs	George Bow	les Ruxton, M	
		18. CAUSE OF DEATH (Enter		(c).)	6/		ONSET AND DE
		IMMEDIATE CA		mana	ny Eally	ng	2 M
			DUE TO		a le	//	15
		Conditions, if any, which geve rise to immediate couse	(b)	ve-cope	agir 11a	ung !	27.200
		(a), stetling the underlying cause last,	DUE TO GO	inalized	/ ander	i solena	rin
	Z	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH OUT NOT	RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART I(e) 19, WAS AU
×	CATI						YES N
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CAUSE OF	DEATH	E HOW INJURY OCCURED.	Enter neture of injury in Per	t I ar Pert Ir of Item 18.)	
	1 1	(IF EITHER, NOTIFY MEDICAL EXA	1				10
	MEDICAL	20c. TIME OF INJURY Month, Hour a.m.	While	Not While lector	E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or town)	(County) (S
	Z.	р.т.	19 et work		2/15 10	67, 10 march 1.	= 10/-7 st. (1) k.
						M, from the causes an	
		220. SIGNATURE					22b.
		Genari	- Giln	me M.D	ATTENDING ME	STAFF ECTOR PHYS.	
,		22c. PHYSICTAN'S NAME [Type]			22d. ADDRESS	D. 1	
/		1660	RGE 1	GILMORE	JORK.	KDLUTHE	= KNITTE 1
	231	BURIAL, CREMATION, 236. DA		. NAME OF CEMETERY O	1	23d, LOCATION (City, town	
	24	FUNERAL DIRECTOR'S SIGNATURE	0/TX0/	Bendeum Cemet	254. REC'D	Bridgeport, W	TRAR'S SIGNATURE
	21	m 0 7; h	Floor B	ulle more	MAR	17 1967 get	carles Judge
	(4)	in the water	- CANTON Y				



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03303 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death o Bo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE Baltimore b. COUNTY MARYLAND Maryland physician and campletely filled in by the fan nleace remove carbon papers. Pages c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Baltimore e, IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3042 Woodside Avenue St. Joseph Hospital YES NO 3 NAME OF Middle 4 DATE First Loss Month Doy Year DECEASED O'Connell 24 (Type or print) Margaret DEATH March 19 67 S SEX 9 AGE (in years FUNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED T 8 DATE OF BIRTH NEVER MARRIED lost birthdoy) Doys Hours White May 15,1895 Female WIDOWED DIVORCED TOo USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? St. Joseph Hospital Clerical Baltimore, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaya Margaret Trornton signed by the attending p 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes give wor or dates of service) oodside (venue-2/234 Ь uns. Irene Juda-30+2 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Pulmonary Embolism IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Coronary Heart Disease Conditions, if any, which gave rise to immediate couse (a). r this certificate has been si detached far use as the b te Dept, af Health priar ta b DUE TO stating the underlying cause lost. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO + Post-operative Hiatal Hernia 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om. foctory, street, office bldg., etc.) TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After March 12, 1967, so rarch 24, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an March 24. and that death accurred at 4:00 M, fram causes and an the date stated above 1967 220 SIGNATURE 22b. DATE SIGNED March 24,1967 M.D. DIRECTOR 22d ADDRESS 22c PHYSICIANS Antonio Razo M.D. 7620 York Road. Towson 21204, Md. NAME (Type) director, p 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION 23b DATE THEREOF (Stote) (County) REMOVAL (Specify) Saint Peter's : emeteri 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Tiller Inc-0415 Celair Road-21206 1967

MARYLAND STATE DEPARTMENT OF HEALTH



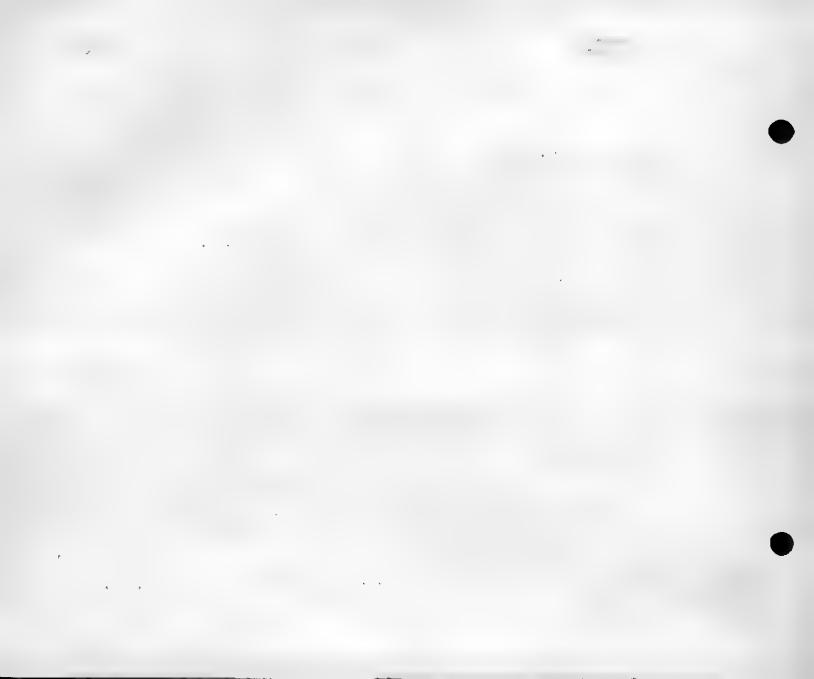
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Baltimore c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) n papers. Pag thin 72 hours write RURAL and give pregrest town .⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street add/ess) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 6514 Mt. Vernon Ave. YES NO Mt. Vernon Ave 3 NAME OF Last DATE Year Day DECEASED 19 67 (Type or print) Florence V. Oler DEATH March ... 9. AGE ( n years IF JNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthday) Hours White WIDOWED DIVORCED rem T an 10a USUA, OCCUPAT ON (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician c nen please during most of working life, even if retired) INDUSTRY Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removol, George Sprinkle Grace Ward ottending posterit. The 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 21215 (Yes, no, or unknown) (If yes give war ar dates of service) Ь No 6514 Mt. Vernon Ave. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) )
PART I DEATH WAS CAUSED BY signed by the buriol-tronsit p DISET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or ottending physicion. DUE TO Conditions, if only, which gave rise to immediate cause (a), DUE TO ed for use as the b ; of Heolth prior to b hos been stating the underlying couse lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) TO FUNERAL DIRECTOR: After this certificate 2Dg ACC DENT WAS UNDERLYING L 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED (County) (State) Haur o.m. factory, street, affice bldg., etc.) Not While at work at wark 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 22a/3SIGNATURE 22b DATE SIGNED **ATTENDING** STAFE PHYS. M.D. PHY5 22d, ADDRESS 22c PHYSICIAN'S Dr. Grace Jones Walker Ave. Pikesville. Md. NAME (Type) director, ploods 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Iorraine Park Baltimore. Md. Burial REC'D BY REGISTRAR R 8 196 24. FUNERAL DIRECTOR VR A15 (4) Loring Byers-8728 Liberty Rd. Randallstown. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03305 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND and completely filled in by the b CITY OR TOWN (if outside corporate limits. CLENGTH OF STAY IN 16 CITY OR TOWN outside corporate limits, write RURAL and give nearest town) and give nearest fown) popers. d. STREET ADDRESS I NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? NO J YES 50 NAME OF Middle First Lost DATE Month Doy Year DECEASED OF DEATH (Type of print 10 9 S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8 Jast\_byrthdoy) Months Dovs Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (G-ve kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & 12 CITIZEN OF WHAT during most of working life, even if retired) CHOUSTRY eose and physicion 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal, the attending WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN1 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse De detoched for use as the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate hos been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) NO YES 200, ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Dov. Year (Stote) Hour a.m. foctory, street, office bldg , etc.) While Not While ot work ot work be retained by 21. I certify that (1) (this hospital) attended the deceased from should and that death accurred of 6 M, from couses and on the date stated above. saw the deceased alive on. 22o, SIGNATURE ATTENDING PHYS. 4 M.D DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S director, po-NAME (Type) 230 BURIAL CREMATION DATE THEREOJ NAME OF CEMETERY OR CREMATOR'S LOCATION, (City or Town) REMOVAL (Specify) seburg BY REGISTRAR 1 3 19 24\_EUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03306 The law requires that the death certificate be executed within 24 haurs after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Baltimore MARYLAND this certificate has been signed by the attending physician and campletely filled in by the detached far use as the burial-transit permit. Then please remave carbon papers. Pages e Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs aft b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and a ve negrest town) Baltimore 21 206 XXXXXXXX d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street audress) 10 dava d. STREET ADDRESS IS RESIDENCE ON A FARM? 11 McCormick Avenue NO X St. Joseph Hospital YES NAME OF Last 4. DATE Month Dov Year (Type or print) 19 67 James Palmer March 15 Russell DEATH 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS. 7 MARRIED X **NEVER MARRIED** birthd dy) Months Days Hours WIDOWED DIVORCED 9-29-98 Male Whi te 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CIT ZEN OF WHAT during most of working life, even if retired)
Painter INDUSTRY **COUNTRY?** Uniontown, Md. Self-employed IIS A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ada Willett Frank Palmer 17. INFORMANT IS WAS DECEASED EVER IN L. S. ARMED FORCES? IA SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates of service) Alanna Palmer 11 McCormick Ave CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN Myocardial Infarction ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K 20g ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (Stote) Hour o.m. factory, street, affice bldg, etc.) After at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram Farch 4, 1967, to Farch 15, 1967, that (1) (we) last saw the deceased alive an March 15 1967, and that death accurred a COOAM, from causes and an the date stated above. O FUNERAL DIRECTOR: 22o, SIGNATURE 22b DATE SIGNED STAFF PHYS. **ATTENDING** March 15.1967 M.D DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Jaime Ambrad M.D. NAME (Type) 7620 York Road- Towson, Md. 21204 director, should 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOI (County) (State) REMOVAL (Specify) 4400 13 24. FUNERAL DIRECTOR 25o. REC D BY REGISTRAR REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH <u>QIVISION</u> OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, DWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 0W 504 .5 carbon papers eht, within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE ON A FARM? NO V YES \_\_ etely within NAME OF First DATE Last DECEASED (Type or print) DEATH 19 67 executed SEX **∂**5 <u>9</u>2 6. COLOR OR RACE 7. MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 19st birthday) Months | Days | Hours | Min. NEVER MARRIED Ę, and and WIDOWED DIVORCED [ 0 Vrs. 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) þ during most of working life, even if retired) INDUSTRY COUNTRY? sicia lease and certificate FATHER'S NAME tending phys lit. Then pl or removal, WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. Address permit. 6 Leath (Yes, no, or unkown) | (If yes give war or dates of service) cremation. the INTERVAL BETWEEN s the burial-transit i 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ascifes, bone memous des Conditions, If any, which Parcinome Over (b) gava risa to immediate **DUE TO** cause (a), stating the prior underlying cause last, TIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate the check for use of Health PERFORMED? NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part ii of item 18.) Dept. detach CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. MEDI After Id be d While Not While at work 19 p.m. 21. I certify that (I) (this hospital) attended the deceased from Fel 13 th 1967 to March 22, 1967, that (1) (we) last œ 3 shoul DIRECTOR: saw the deceased alive on March ZZH 19 67, and that death occurred at 10 40 PM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. M.D. O HOSPITAL TO FUNERAL director, pa should be fil 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Greater C Kuw Isku Baltimore Kecical BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNAT FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 20M 1/65

9.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03308 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and PLACE OF DEATH completely filled in by the funeral ave carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission a COUNTY Baltimore o. STATE Maryland h COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
TOWSON Baltimore 2 months d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 55I5 Sefton Ave. Holly Hill Manor YES NO F NAME OF First Middle Lost 4 DATE Manth Day Year DECEASED Sarah A. Parker 1967 (Type or print) DEATH S SEX 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 1 IF LINDER 24 HRS 7. MARRIED 9 AGE (In years **NEVER MARRIED** remaye lest pirthdoy) Manths 3/22/1891 Days Hours Female White and in any WIDOWED TO DIVORCED and ( 10a USUA, OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12. CITIZEN OF WHAT physician a during most of wark ng life, even if retired) COUNTRY U.S.A. INDUSTRY Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physical burial-transit permit Then planting tremation, or removal, Henry vonGerlach Anna Plummer the attending passit permit. The IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates af service) Mrs. Ann L. Streett. 503 Fairway Ct. #4 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause os the priar tak O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) of Health NO YES for 200 ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, form, (County) (State) Hour o.m. factory, street, affice bldg., etc.) Not While of work ot work / 190 / that (I) (we) last 2] I certify that (1) (this haspital) oftended the deceased from 10 /10/2Ch Page 4 may be retained director, page 3 shauld shauld be filed with the Much 11 1967, and that death accurred at 265 M, from couses and an the date stoted obove. sow the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED alermes OIRECTOR M.D. PHYS. ADDRESS 22c PHYSICIAN Winore 21212 AURE NCG NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. (State) (County) REMOVAL (Specify) 3/14/67 Loudon Park Cemetery Baltimore. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Leonard J. Ruck Inc. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) a. COUNTY COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, r LENGTH DE STAY IN 16 autide corporate limits, write RURAL and give negrest town) write RURAL and give negrest town oan papers. Pag within 72 haurs .5 d NAME OF HOSP d STREET ADDRESS e 15 RESIDENCE INSTITUTION (If not in haspital, give street address) DN A FARM? filled YES NO C NAME OF First Middle 4. DATE Year completely DECEASED OF DEATH 10 (Type or print) 19 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Days Hours WIDOWED DIVORCED rem in an and 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OF & Stole, or foreign 12 CITIZEN OF WHAT during most at working ite, even it retired) INDUSTR' COUNTRY: physician and 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME remayal. BE the attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY ND Address (Yes, no, or unknown) (If yes give wor or dates of service) Ö CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWE burial-transit DNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO far use as the t Health priar tab stoting the underlying couse has been lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(o) TERTIFICATION YES NO this certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City\_or fown) 20c. TIME OF .N. JRY Month. Dov. Year (County) (Stote) Hour om. toctory, street, office bldg., etc.) While Not While at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspita)) , that (I) (we) las attended the deceased from and that death accurred at M, fram causes and an the date stated above saw the deceased alive an\_ 220 SIGNATURE 22b DATE SIGNED DIRECTOR M.D PHYS PHYS filed director, page shauld be filed TO HOSPITAL Page 4 may b 22c PHYSICIAN: NAME (Type) 230 BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 3-24-1967 Lorraine Park Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229



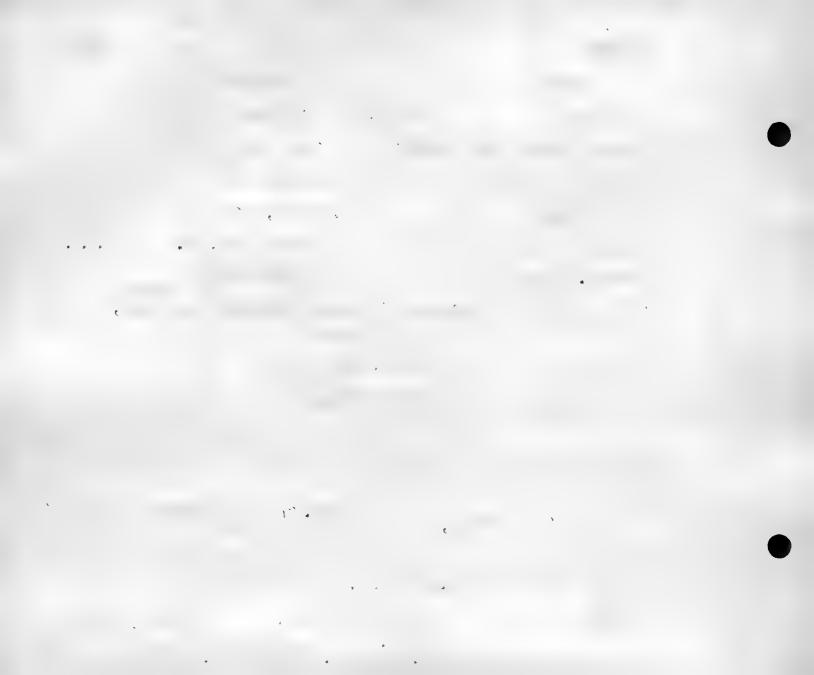
Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1. FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY necessary, actor, Page Baltimore e. STATE **b.** COUNTY Manuland timore files MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside approrate limits, write RURAL and give necrest town) director. write RURAL and give nearest town) rural Ballimore Il nunal d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Westway South Westway South YES NO IN NAME OF DATE Middle Month Day DECEASED OF (Type or print) DEATH Manch 19 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years HF UNDER 1 YEAR I IF UNDER 24 HRS last birthdey) Months t-emale. WIDOWED & DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestic U. S. A. 13. FATHER'S NAME harles Мали Воћл 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Ym no, or unkown) | [[fyesgivewerordatesofservice] 18. CAUSE OF DEATH |Enter only one sause per line for (e), (b), and INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e Office cremation, geve rise to Immediate cause **DUE TO** (a), stating the underlying onuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO. YES ъ 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, lenter nature of injury in Port I or Part II of item 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20e. TIME OF INJURY 20a, PLACE OF INJURY (Home, farm, Month, Day, Year 2Dd. INJURY OCCURRED 20f. (City or fown) (County) (State) fectory, street, office bldg., etc.) While Not While to the el work el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V Inquiry and in my opinion Undetermined manner Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ease execute t should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Type) TO FL Health Address (Street, city, town, or county) 226, BURIAL, CREMATION, 226. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or abunty) (Stelle) REMOVAL (Specify) FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VR ATSME ?



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03311 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) completely filled in by the funeral nove carbon papers. Pages 1 gad a. COUNTY Baltimore MARYLAND b CITY OR TOWN (If outs de carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore 21206 Towson bon papers. within 72 ho d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 5 West Chesley Avenue St. Joseph Hospital YES NO remove carbon NAME OF First Middle 4. DATE Doy DECEASED OF March 1967 Alice G Phelps 5 SEX 9 AGE (In years 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost birthday) Manths Hours Female White April 1. 1890 WIDOWED 3 DIVORCED signed by the attending physicion on buriol-tronsit permit. Then please rem 11. BIRTHPLACE (County & State, as fareign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working the even if retired) Housewife S.A. Baltimore, Maryland 13. FATHER 5 NAME 14 MOTHER'S MAIDEN NAME or removal. Annie Kahl John F. Kohlhafer 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service Mrs Carrie Tayman 7522 Kenlea Avenue 36 220-14-3321 No 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).

PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Acute generalized peritonitis IMMEDIATE CAUSE (o) the hospital or attending physicion. DHE TO perforated gastric ulcer Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been be detached far use as the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART I! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES 😿 NO 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, affice bldg., etc.) be retained by 21. I certify that (f) (this haspital) attended the deceased fram February 21, 1967, ta March 4, 1967, that tike (we) last saw the deceased alive an March 4, 1967, and that death accurred at 8:40 M, fram causes and an the date stated above. 22o, SIGNATURE 22b. DATE SIGNED ATTENDING STAFF March 4, 1967 director, page 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lawrence F. Misanik. 7620 York Road, Towson 4, Md. 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Md. Lorraine Cemetery Baltimore, Buria 3-7-1967 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66





	DIVISION OF STA	ATISTICAL RESEA	RCH AND RECORD			LTIMORE 1, MA	ARYLAND
	03313		CERTIFICAT	E OF DEAT	H	0	3305
1,	Page of Death a. county Paltimore	75	MABYLAND	a. SIAIE	land b	county Briting	re
	b. CITY OR TOWN (if outside of write RURAL and give near OW INCR III]	est town) . S	7 years	Owines	f outside corporate limi	is, write KUKAL and gi	
	d. NAME OF HOSPITAL OR IN		el, give street address)	d. STREET ADDRESS	rate Road		IS RESIDENCE ON A FARM? YES NO [7]
3.	NAME OF DECEASED (Type or print)	First	Middle	POE.	4. DATE OF		8. 1967
		OR OR RACE 7. MARRIED	NEVER MARRIED   8.	DATE OF BIRTH		yaars   IF UNDER 1 YE	AR IF UNDER 24 HRS.
10	Temale   Whi  b. USUAL OCCUPATION (Give  the during most of working life,  Housewife	kind of work 10b, KINI	DIVORCED U	une 27, 19 H BIRTHPLACE (Count Owings Mi			N OF WHAT COUNTRY
13	Charles Edw	rerd Whitco	mb	14. MOTHER'S MAIDEN	NAME		-
15 {Y	WAS DECEASED EVER IN U.S. S., no, or unkown) (liyesgivew )	erordatesofservice)	-24-8865 Mr.	G.Marvin P		ilgate Ro	Owings  •• Mills, N  Mirryal Between
ATION	Conditions, if any, which gove rise to immediate ceuse (a), stating the underlying cause lest.  PART II. OTHER SIGNIFIC	DUE TO	tastesis ,	to Live	NAL DISEASE CONDITION	ON GIVEN IN PART 1(	6 yuas autoesy PERFORMED? YES IN NO
CERTIFIC	200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	BIBE HOW INJURY OCCURED.	(Enter neture of injury in f	Peri I or Peri II of tem	18 )	
MEDICAL	Hour e.m.	While at work	at work	ory, street, office bldg., etc.	)		
	21. I certify that (I) (saw the deceased alive	$\sim nI$ . I i $I$	the deceased from a	death occurred allia	1968 to Yelan	ouses and on the	date stated above
	22c. PHYSICIAN'S NAME (Type)	McWillie  McWillie		D. PHYS. C	erstown,	- 0 3	-21-6 SIGN
23	a. BURIAL, CREMATION, 23b		23c. NAME OF CEMETERY OF St. Thomas F	OR CREMATORY	23d. LOCATION (	City, lown or county)	(State)
24	FUNERAL DIRECTOR'S SIGNA H. J. Zulha	rolf	Address Owings Mil	1 25ap REC		Eligistics &	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral 11 and 2 er death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY b. COLINTY Balto. MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville Pheonix d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? physicion and completely filled in en please remove carbon papers. Spring Grove State Hospital Manor Road YES 🔀 NO NAME OF Middle 4 DATE Lost Month Dov DECEASED 1967 (Type or print) DEATH March 6 Adam any event SEX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED A rthdoy Months 6-17-82 White WIDOWED DIVORCED Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)

1.abor - retired

13. FATHER'S NAME Water Supply U GUNIRY? Maryland 14. MOTHER'S MAIDEN NAME MHOL POPP GREEN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 213-38-8245 Records: Spring Grove State Hospital cremotion. NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) buriof-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Carcinoma of lung IMMEDIATE CAUSE (o). DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been as the lost. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use NO X YES T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (4 (this haspital) attended the deceased fram 2-1-67 to March 6, 19 67 that 21) (we) last 3 should 19.67, and that death accurred at 9:30M, fram causes and an the date stated above saw the deceased alive an March 6 22o. SIGNATURE 22b. DATE SIGNED Flell a Ni a claster STAFF 3-7-67 M.D DIRECTOR PHYS. director, poge should be filed Spring Grove State Hospital 22c. PHYS!CIAN'S NAME (Type) Stella Wachsler, M.D. Catonsville, Maryland 21228 23c\_NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL CREMATION (County) (Stote) REMOVAL (Specify) ROVIDENCE 2So. REC'D BY REGISTRAR 24: FUNERAL DIRECTOR ADDRESS VR A15 (4) ) 20 M 1/66 1967



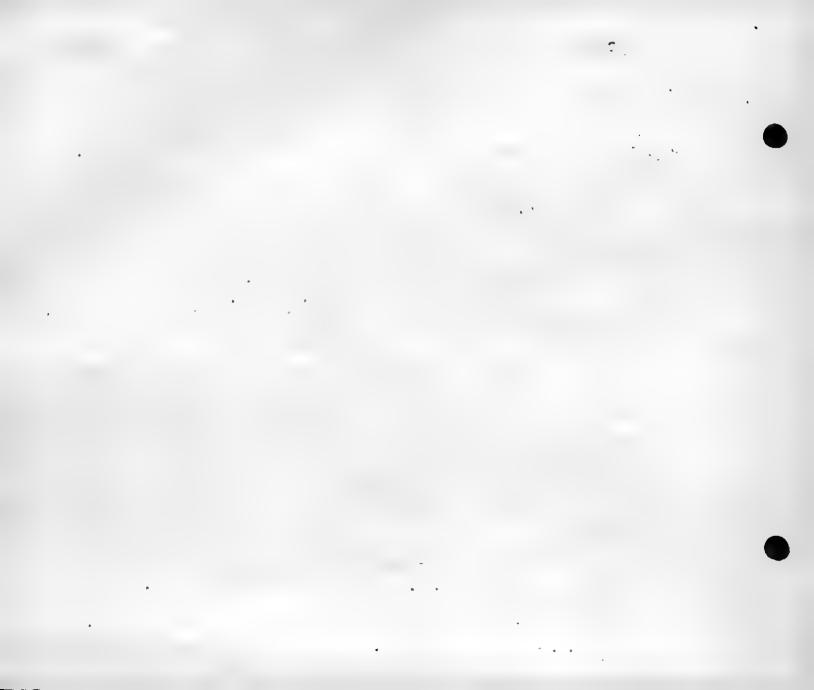
1	MARYLAND STATE DEF	PARTMENT OF HEALTH
	03315 CERTIFICATI	
after death.  the funeral ges 1 and 2 after death.	1 PLACE OF OFATH	2. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
a (1) (1)	a. COUNTY SALTIMORE MARYLAND	a. STATE Md b. COUNTY BAITC.
rs after by the Pages 1 urs after	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
5 E 0	CATONSVIIC	CATONSVILLE 1
filled i papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ACCRESS  1505 Kent Ave.  6. IS RESIDENCE ON A FARM? YES NOTE
vithin 24 th	3. NAME OF First Middle	Last 4. DATE Month Day Year
with pet with	OECEASEO (Type or print) MARY M.	PRUITT DEATH 3 26 1967
executed within and completely rempve earbon any event, with	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIEO   8	
execu and remp		July 1, 1907 57 yrs.
	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KINO DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT CDUNTRY?
ate hysio	SCAMS TRESS  13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
certificate be nding physician . Then please removal, and i	John W. FRCY	MARGARET COLLINS
eath certific attending p ermit. Then n, or remov	15. WAS DECEASED EVER IN U.S. ARMEOFORCES? 16. SDCIAL SECURITY ND. 17. (Yes, no, or unknown) ((if yes give war or dates of service)	INFORMANT Address
death or atten		MAM H. PRUITT 1505 KENT AVE.
	18. CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY:	INTERVAL BETWEEN DNSET AND DEATH
hat the cian. ed by transit	IMMEDIATE CAUSE (a)	1 shi che
hysidhysidhysidhysidhysidhysidhysidhysid	Conditions, if any, which	Millitus Adult Severs 1042085.
ding p ding p been the b	gave rise to immediate cause (a), stating the DUE TD	1 Hy hartancia 11 4225
law reduittending has beer as the prior to	underlying cause last. (c)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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22 5TL	2Da. ACCIDENT WAS UNOERLYING DESCRIBE HOW INJURY OCCU B DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part i or Part II of Item 18.)
PHYSICIAN: the hospita this certifi detached for e Dept. of F		
PHYSI the ho this detacl	20c. TIME DF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE   2Dd. INJURY OCCURRED   2De. PLACE   2Dd. INJURY OCCURRED   2Dd. PLACE   2Dd. PL	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg,, etc.)
After After d be d be d be d be state	,	3/27/50
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive pn 23/2/2/2 and that	death occurred AM, from the causes and on the date stated above.
OR ATTENDIO be retained INFECTOR: A ge 3 should	22a. SIGNATURE	22b. OATE SIGNED
AL OR hay be any bage page filed	- JIE'M STAY M.D	
PITAL 4 may ERAL D or, pag 1 be file	22c. PHYSICIAN'S NAME (Type) WE mc (-Yeth m	1303 Frederick Rd Costasville
TO HOSPITAL OR ATTEN Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 should be filed with th	23a. BURIAL, CREMATION, 23b. DATE THEREDE   23c. NAME OF CEMETERY	DR CREMATORY   23d. LOCATION (City, town or county) (State)
54 5 p. 18		herd Howard Co Md.
10	24. FUNERAL DIRECTOR 301 Francisco Re	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	CSITIAL HAVE BALTO SE MI	MAR 29 1967 Icharles Justin



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03316 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) physician and completely filled in by the funeral ien please remave carban papers. Pages I and o. COUNTY o. STATE b. COUNTY Raltimore ltimore MARYLAND requires that the death certificate be executed within 24 haurs after b CITY OR TOWN I I autside carnorate limits E LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give negrest town) te RIRAy and give nearest tawn) Baltimore Kural Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 6210 Haddon Ave. 6210 Haddon Ave NO IX NAME OF Middle 4 DATE First Last Day DECEASED OF DEATH 28. 19 67 in ampevent, (Type or print) 100200 March S SEX DATE OF BIRTH AGE for years NEVER MARRIED last birthdov) Months Davs Hours WIDOWED DIVORCED male 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Ret. (mployee COUNTRY? timore 13. FATHER'S NAME Unknown Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) (If yes give wor or dates af service) atherine H. same 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse ta immediate cause (a). DUE TO stoting the underlying couse as the last. WAS AUTOPS) PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES NO fa 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INSURY (Hame, farm, (City or town) (Caunty) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m foctory, street, affice blda., etc.) Nat While O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 3 or 1966, 1928 may, 1967 that (1) (we) last saw the deceased alive an 28 may, 1967 and that death accurred at 1130M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, (REMATION, REMOVAL (Specify) BURIAL 23b. DAJE HERIOF 7. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) New Cathedral Cemetery Baltimore, Md. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 0 20 M 1/66 Ruck Inc Baltimore.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2b,c & d Film 03309 requires that the death certificate be executed within 24 hours after deoth. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) o. STATE a. COUNTY b. (DUNTY Baltimore MARYLAND How. the b CITY DR TDWN (If autside corparate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest fawn) Catonsville haurs /Vattous/vi/1/1/e/ Ellicott City ban popers. within 72 ha filled in d NAME OF HDSPITAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS LO. Stayman e IS RESIDENCE DN A FARM? ise in the Fusting A House in the Pines-Catonsville YES NO completely fi 3. NAME OF First Middle DATE Month Year DECEASED Estelle Rackensperger 0F March (Type or pont) 19 DEATH S. SEX AGE (In years 6. CDLOR OR RACE IF UNDER 1 YEAR | TIE UNDER 24 HRS 7 MARRIED 8. DATE OF BIRTH **NEVER MARRIED** ast b rthday) Months Haurs Cauc. WIDOWED DIVORCED June 4. 1887 DWD 10c JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS DR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife physician ( INDUSTRY COUNTRY? and USĂ Virginia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal Thomas Fletcher Unk. attending p INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FDRCES? 16 SDCIAL SECURITY NO Address rank C. McShane (Yes, na, ar unknown) [If yes give war or dates of service] Stayman Dr - Ellicott City-Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit PART I DEATH WAS CAUSED BY DINSET AND DEATH IMMEDIATE CAUSE (d) 4221 DUE TO Canditions, if any, which gave (b) rise to immediate couse (o). DUE TD stoting the underlying cause os the priarta hos been (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? The certificote ATTENDING PHYSICIAN: 20g ACCIDENT WAS LINDERLYING [7] 20b DESCRIBE HOW INJURY DCCURRED (Enter nature of injury in Part I or Port II of item 18.) DR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER INDTIFY MEDICAL EXAMINER) 20d. INJURY DCCURRED 20e PLACE DF INJURY (Home, farm, TO FUNERAL DIRECTOR: After this 20c TIME OF INJURY Month, Doy, Year (City or town) (Caunty) (Stote) Hour a.m. Nat While factory, street, office bldg., etc.) 19 at work 🔲 at wark 21. I certify that (1) (this hospital) attended the deceased fram Man - 20 1960, to men 1. 1967, that (1) (we) as saw the deceased alive an 1967, and that death accurred at6/55PM, from causes and on the date stated above 22a SIGNATURE 22b DATE SIGNED ATTENDING TO HOSPITAL OR DIRECTOR PHYS. PHYS 22d, ADDRESS 22c. PHYSICIAN'S 4116 Edmondson Av. NAME (Type) Har Knipp. director, shauld k 23a. BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY DR CREMATORY 23d LDCATION (City or Town) (County) (State) REMOVAL (Specify) Baltimore, Md 3-4-67 Western Cemetery Burnal 24 FUNERA, DIRECTOR 25g REC'D BY REGISTRAR VR A15 (4) 25M 1/67 - 4101 Edmondson Ave. DAMAR 6



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY 24 hours after Baltimore Howard MARYLAND Marvland City OR TOWN (if outside corporate ilmits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville .5 Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Summit Nursing Home 2 Darvel Circle NO TX etely YES 3. NAME OF First Middle Last DATE Month Year DECEASED OF DEATH car compl (Type or print) March 3.1967 HULDA RADHE 19 executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (in years | FUNDER 1 YEAR | FUNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. White Female WIDOWED K 2-12-1891 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? At Home unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER INU S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT S.G.Radhe, 2 Darvel Dircle, Ellicott City 577-44-9316 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ial-transit ial, cremat INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that to Page 4 may be retained by the hospital or attending physician. ARREST SAIDIACS IMMEDIATE CAUSE (a) 3561 DUE TO buri Cenditions, If any, which AMYOTROPHIC LATERAL SCLEROSIS' gave rise to immediate 음은 **DUE TO** cause (a), stating the as the underlying cause last. After this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES NO 17 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) t. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not While p.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from 12-28 director, page 3 should should be filed with the that (I) (we) last and that death occurred at 222 saw the deceased alive on FEB. M, from the causes and on the date stated above. 22a. SIGN TURI 22b. DATE SIGNED ATTENDING MED. STAFF M.D. DIRECTOR PHYS. 22c. PHYSIC AN'S **ADDRESS** 22d. director, should be NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Washington . D. C. 3-4-1967 Fort Lincoln ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) MAR F.C. Higinbothom. El 1/65

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	f any delay 1, 2, and 3 m PM3. Po Department	3	t. Joseph s	Hospita Hospita	in hasptagv 1	re street address)	d. STREET ADORESS			e S R	ESTOENCE A FARM?
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	after death 3. Give Page along with the with the State.		NAME OF DECEASED	Fist		Middle	Lost	4 DATE OF	Month	Day	Year
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0	i with n pe Exan Exan File 2 hau	15	WAS DECEASED EVER IN U.S.	Rains	16 00	OCIAL SECHRITY NO 11	I Mary	Kouba	0246000	dale Av	
Ti	oal and 7.	(Ye	s, no, ar unknown) (If yes g	ive war or dates at s	service)	7					
- 1	executed within 24 handing" in pencil in the Medical Examiner's B permit. File pages by within 72 haurs after	-	18 CAUSE OF DEATH (En	<u> </u>			ir. Lee Rai	ins (son) G	TBU Ani		
3	be executed "pending" nief Medical Einsit permit. Fent v. zhin 72		PART I DEATH WAS	CAUSEO BY	1/2	(a) and (c)	and h	alucio		ONSET AN	D'DEATH
,			4201	AMEDIATE CAUSE (a DUE TO		1.1616	CITY	276-376		Pare	-
1	shauld e ward a the Ch ourial-tro		Canditions, if any, which o								
3			rise to immediate cause	(a), (	-	<del></del>	/				
	ficate sing the idea to as a paragraph		stating the underlying colost.	Juse							
	certifi orward used o aval, a		PART I OTHER SIGN F CAN		-	OFATH BUT NOT RELATED T	O THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	T 1(0)	19 WAS A	UTOPSY
	This certificate shauld cate, writing the ward be farwarded to the Cl be used as a burial-transmootl, and in any ev	TION				_				YES T	
	This icate, be faremer remo	E	20a EXTERNAL CAUSE WAS		20b DESC	RIBE HOW INJURY OCCURRE	O (Enter nature of incur	y in Part I ar Part II of te	m 1B)		
	EXAMINER: This certiute the certificate, wrigher 4 shauld be farwayour files. Page 3 should be used cremation, ar remayol,	MEDICAL CERTIFICATION	PRIMARY   or CONTRIBUTI  CAUSE OF OEATH	NG 🗆	į.						
	EXAMINER: ute the certinge 4 shauld your files. Page 3 shou	ĬĞ.	20c T.ME OF INJURY Mor	nth, Oay, Year			PLACE OF INJURY (Hame,	farm 20f (City ar	iawn)	(Caunty)	(State)
	AM e the the the the the the the the the t	ME	Hour o.m.	19	While of work		factory, street, office bldg.,	etc.)		pop.	
	MEDICAL EXA please execute director. Page retained for you DIRECTOR: Pag		21. I certify that	I taak charge_	of the remo	ains described above,	held an Autapsy	, Inspection	Inquiry	, and in m	ny apinion
	se exector. Por formal for ECTOR: bornal,		death resulted fra	and the same of th		and the same of th		ide Undeterm	, ,	_	
	a by		1/01		1/=		Trans.	ICAL EXAMINER .			
	Ple li diji		ACTUAL SIGNATURE	elle	10/1	march		MEDICAL EXAMINER		22. DA	TE SIGNED
	ury, any, be be priv		EXAMINER'S					DICAL EXAMINER		3/11	117
	TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to bur al, cremo		NAME (Type)CHAR]	ES_F	OLDON	NELI,M.D.		freet city town, or county		1/6/	2
	Hec Hec	230	BUR AL CREMATION, REMOVAL (Specify)	23b OATE THER		23c NAME OF CEMETERY		23d LOCATION (		"(County)"	(Stote)
	6	- 24	REMOVAL (Specify)	March	211/67	Moreland I	vemorial P	k. Taylor	AVE. BECHTON	TILD . P	ld.
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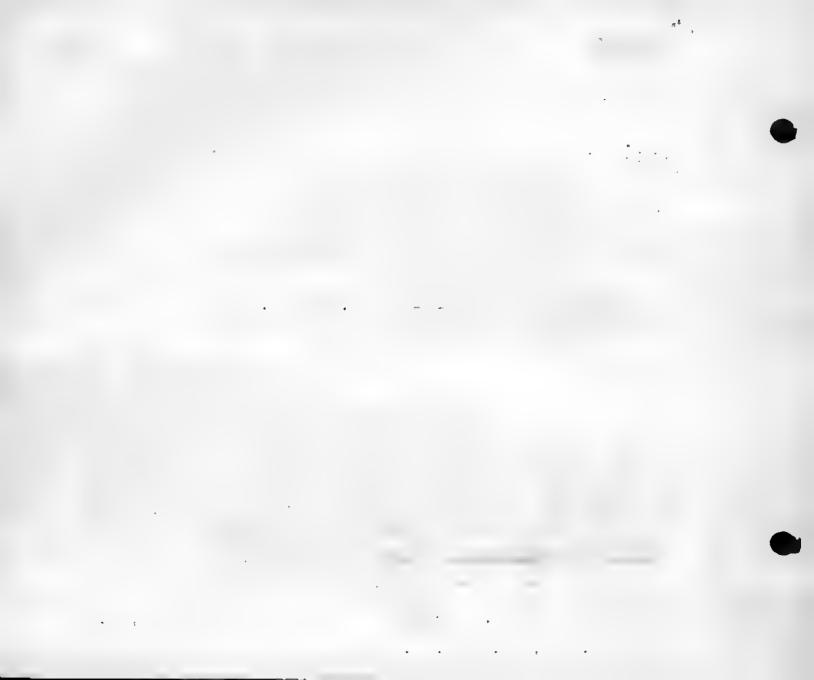




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03321 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY O. STATE 121 6 COUNTY 45 MARYLAND b. CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ion" papers. Pag within 72 haurs d\_STREET ADDRESS d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? RIDGE Rd NAME OF 4. DATE Month commenterely DECEASED 19 DEATH 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED ost birthdoy) a WIDOWED DIVOR CED ond in any 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) during most of warking life, even if retired) INDUSTRY COUNTRY? LSEWIFI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, INFORMANT 16 SOCIAL SECTIPITY NO (Yes, no, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (6) Arteriosclerotic Heart Disease 3 mas Page 4 may be retained by the hospital or attending physician. DUE TO 4200 directar, page 3 should be detached for use as the bur.of-1 should be filed with the State Dept. of Heolth prior to buriol, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 200 ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work of work TO FUNERAL DIRECTOR: After , 19 62 to March 21. I certify that (I) (this kospital) attended the deceased from harch \_, 19\_67, that (I) (we) las 19 67, and that death occurred a 6 : 45A M, from causes and an the date stated above sow the deceosed glive op\_\_\_Feb.21 220. SIGNATURE 22b DATE SIGNED ATTENDING March 17,1967 DIRECTOR 22d ADDRESS 22c. PHYSICIAN Mallow Hill Ave. NAME (TYPE Leo J. Gaver, M.D. Baltimore, Fd. 23o. BURIAL, CREMATION 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) RAINE 60. FUNERAL DIRECTOR VR A1II (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03322 03314 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o STATE b COUNTY Beltimore by the ottending physician and completely filled in by the funeral transit permit. Then please remove carbon papers. Pages I and transition as seemed, within 72 hours after deat I. PLACE OF DEATH o STATE Maryland a COUNTY Baltimore MARYLAND b. CTY OR TOWN (If outside corporate limits, c CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Baltimore 21204 Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 1644 Naturo Rd. St. Joseph Hospital YES NO K 3. NAME OF 4 DATE Year DECEASED (Type or print) OF DEATH RETTZEL Grace Margaret March 19 67 S SEX 6 COLOR OR RACE 7 MARRIED DE NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR Months Days Hours August 27, 1906 White WIDOWED DIVORCED Female 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) USA INDUSTRY COUNTRY? Maryland Homemaker 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME McGuiness 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknawn) (If yes give war or dates of service) (Same) 218-05-3090 Mr. Samuel S. Reitzel IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH Myocardial infarction IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: the taw re Poge 4 moy be retoined by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been detached for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20¢ ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (City or town) (County) (State) factory, street, affice bldg , etc.) Hour am. Not While at work at work L 21. I certify that (1) (this haspital) attended the deceased fram March 1, 1967, to March 1, 1967, that (1) (we) last saw the deceased alive an March 1, 1967, and that death accurred at 12:40M, fram causes and an the date stated above. 22g SIGNATURE 22b DATE SIGNED MED STAFF PHYS. March 1, 1967 Jaymana 22d ADDRESS Teodulo Paglinauan. Jr. M.D. 7620 York Rd., Towson, Md. 21204 director, should be 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) Greenmount Cemetery Baltimore. Md. 25g. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Leonard J. Ruck, Inc. Balto. Md. 21214 20 M 1/66



1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7	로 표정된		03323 Ttem #32 Fi CERTIFICATE OF DEATH
	death.	1.	PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution, designate before admission)
	THE TREE		BALLO. MARYLAND BALTO.
	Page urs at		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Fig. 1	_	CA longuille CA longuille
•	24 hours filled in bapers. Pa n 72 hour		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
_	in 2 in pa ithin	3.	1/16 KEN/ HUE - 1/16 KEN/ HUE YES NOW
	ite be executed within 24 hours a system and completely filled in by please remove carbon papers. Pagi, and in any event, within 72 hours.	3.	NAME OF DECEASED Last 4. DATE Month Day Year DECEASED PATH MAR 28 1967
	ted Commo	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years I F UNDER 1 YEAR I F UNDER 24 HRS.
	aux secu	1	MATE While WIDOWED X DIVORCED 1/1-2/-/8/9/ Vys.
	9 E 3 E	10 du	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Recently of working life, even if retired)  Recently of the country of the country of the country of the country of the country?  Control of the country of
	ysic pleas		
	ifica g ph en oval	13	Elling
	rem rem	19	WARED COMPRESS 16. SOCIAL SECURITY NO. 17. INFORMANT Addless TALL
	ath atter mit. o. o.	ĺΫ	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (If yes give war or dates of service)  NO (If yes give war or dates of service)  T. D. Nichola (CATORS 28 Im) d.
	the the ation	-	18. CAUSE OF DEATH FERter only one cause per line for (A). (b), and (c). 1
	in. by by ansil		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
	that sicia sicia an-tr al, c		DUE TO DUE TO
	phy phy buri buri		gave rise to immediate (b) Colorlary - newficeers.
	TO HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be estimated and be retained by the hospital or attending physician.  TD FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and and		cause (a), stating the DUE TO
	law atter has has e as e as	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	The or cate r us eattl	ICAT	PERFORMED? YES NO
	AN: pital d fo of H	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH
	Siche sche		(IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHY the the det;	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm,   2Df. (City or town) (County) (State)  Hour a.m.   While   Not Wh
	ING After After Star	ME	p.m. 19   at work
	DR ATTENDING be retained by JIRECTOR: Afte ge 3 should be ed with the Star		21. I certify that (I) (this hostital) attended the deceased from
	ATT rets ECTI S sh with		saw the deceased alive on
	DIR DIR Jee		M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.
	TO HOSPITAL DR ATTENDING Page 4 may be retained by D FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	П	22c, PHYSIC IAN'S 22d. ADDRESS NAME (Type)
	UNE de 4	-	Chalch and Chalch and Chalch and Chalch and Chalch
	She diameter	23	BEMOVAL (Specify)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Whare deceased livad, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Co. Maryland MARYLAND Raltimore Co 22 b. CITY OR TOWN life outside, corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Towson Six Months Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT 711 Fairway Drive Fairway Drive 3. NAME OF Middle Last DATE Month Day Year DECEASED OF (Type or print) DEATH Helen Ringger 1957 March 22 carbon E S 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years ) IF UNDER I YEAR I 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months! Days Female White WIDOWED | DIVORCED K |Nov. 20. 1890 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Seamstress USA Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 Ernest Remler Unknown 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (Nyes give war or detas of service) Marcella R. Kempf (Daughter) Same INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c) ONSET, AND DEATH REINOMATED SIS PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO CA - KIDDRY Conditions, if any, which fb1 cava rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 NO [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., etc.) While Not While Hour a.m. at work at work MARCH 22 19 67 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Dec. 19.66 10. M, from the causes and on the date stated above .....196.7..., and that death occurred at 2 saw the deceased alive on.... 22b. DATE 22m. SIGNATURE SIGNED ATTENDING MED. STAF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Venable.Jr. York Road 23d, LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Steta) REMOVAL (Specify) Gardens of Faith Cemetery Buris March Baltimore. Md. **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)% Seitz 9 York Baltimo Road 15M 7-62 Seitz Funeral imore, Md. 21212 Home

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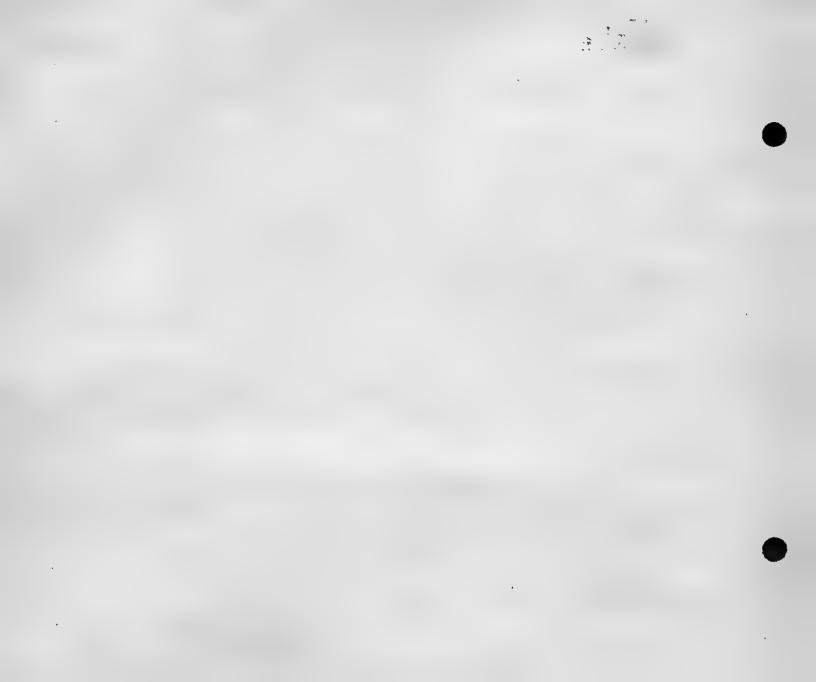
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03326 CERTIFICATE OF DEATH 03318 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY a. STATE b. COUNTY BALTIMORE BALTIMORE MARYLAND b. CITY OR TOWN (If autside corporate imits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) 1 DAY WHITE HALL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? VETERANS ADMINISTRATION HOSPITAL NAME OF First 4 DATE Manth DECEASED OF WAINER RITZMANN MARCH 67 ent, (Type or print) DEATH 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED birthday) Months Hours JUNE 18, 1907 MALE WHITE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) - INDUSTRY BALTIMORE, MARYLAND TRUCK DRIVER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH F. RITZMANN CATHERINE STRIETMALLER IS WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war or dates of service) Address 217 14 19 89 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. IB. CAUSE OF DEATH (Enter anly one cause per tine for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY MACONA THUO ADENOCARCINOMA OF RIGHT LUNG WITH METASTASIS IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? YES X NO 20g ACCIDENT WAS UNDERLYING E 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF N.JRY Month, Day, Yeor 20d NIURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (State) Haur Talm. Not While factory, street, office bldg . etc.) at wark 21. I certify that (17(this haspital) attended the deceased from 3/18/67 to 3/19/07 19 \_\_\_\_, 19\_\_\_\_\_, that (A) (we) las be retained , and that death accurred at 8:45PM, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on 22a SIGNATURE 22b. DATE SIGNED evenger ATTENDING 3/20/67 director, page 3 should be filed v M D DIRECTOR PHYS 22c PHYSIC AN'S 22d ADDRESS W. JUVAN. M. D. NAME (Type) PETER VAH FORT HOWARD, MARYLAND 230 BURIAL, CREMATION, 23b DATE, THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) WISEBURG CEMETERY WHITE HALL, MARYLAND 24 FUNERAL DIRECTOR REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE **ADDRESS** 

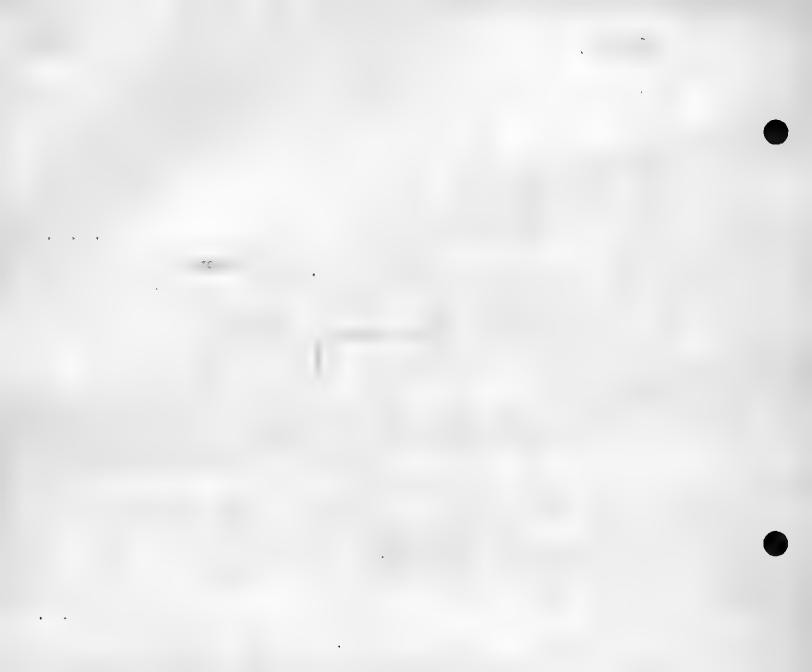
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1(1/1)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7	CERTIFICATE OF DEATH 03319
death.	1 Digital Designation of Millian Designation
r de fun	a. COUNTY b. COUNTY
afte the ges afte	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
hours after death d in by the funeral rs. Pages 1 and 2 2 hours after death	GARRISON 14R. 3 mo. 2004. Towson 13-1
24 hc filled apers. n 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE ON A FABRUAT
y fill	TOXLEIGH NURSING HOME PIRCSPECT CIRCLE YES NOW
within 24 hours after or pletely filled in by the furthen papers. Pages 1.97, within 72 hours after death.	3. NAME OF DECEASED Crype or print) H, Middle Cast Company Com
ompo of v	(Type or print)  H, MAY KOBBINS DEATH  2 1967  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
The law requires that the death certificate be executed within or attending physician. The attending physician and completely ruse as the burial-transit permit. Then please remove cabon is alth prior to burial, cremation, or removal, and in any event, with	F / /
in a in a	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
sicia easc	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. BIRTHPLACE (County & State, or foreign country)  14. CITIZEN OF WHAT COUNTRY?  15. S. A.
icato phy n pl wal,	13. FATHER'S NAME
ding The The	Alfred / TUGHES. C. VAN Duser
requires that the death certificate be of ding physician. been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 16.43 A WAVERLY WAY
dea he a peri	No None 140-18-3728 MPS HUDGINS LOCH RAVEN AFT. #12  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
the n. by tl nsit ema	PART I. DEATH WAS CAUSED BY
hat Iciar led I, cr	HIMMEDIATE CAUSE (a) TO DUE TO
phys sign suria	Conditions, if any, which } (b)
ing ing he it	gave rise to immediate cause (a), stating the DUE TO
aw requi ttending has been as the P prior to I	underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) (19. WAS AUTOPSY
rate at the half	PERFORMENT
Nr. Triffica for for Heg	YES NO LY  202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE NOW INJURY OCCURRED. (Enter nature of Injury In Part I of Item 18.)
ICIAN: The law ospital or atten certificate has hed for use as hed for use as it, of Health print	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE NOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  GR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ATTENDING PHYSICIAN: The law requires that tretained by the hospital or attending physician. CTOR: After this certificate has been signed bi should be detached for use as the burial-tranvith the State Dept. of Health prior to burial, cre	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.)
by the Post terrible de	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work
NDIN ned the Af	21. I certify that (1) this hospital) attended the deceased from Nov. 3, 1965, to March 2, 1967, that (11) (we) last
Sport tit	saw the deceased alive on March 1 19 67, and that death occurred at 2:15 AM, from the causes and on the date stated above.    228, SIGNATURE   226, DATE SIGNED
DR Por Table	ATTENDING MED. STAFF M
nay be nay be page filed	22c, PHYSICIAN'S
Page 4 may be retained by FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	NAME (Type) Javid & Millan Linson Rd Owrigh Mills Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The Is Page 4 may be retained by the hospital or at To Funeral Directors. After this certificate his director, page 3 should be detached for use should be filed with the State Dept. of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town) or county) (State)
E 12 W	Removal 3/2/1967 Glenwood Cemetery West Long Branch, N
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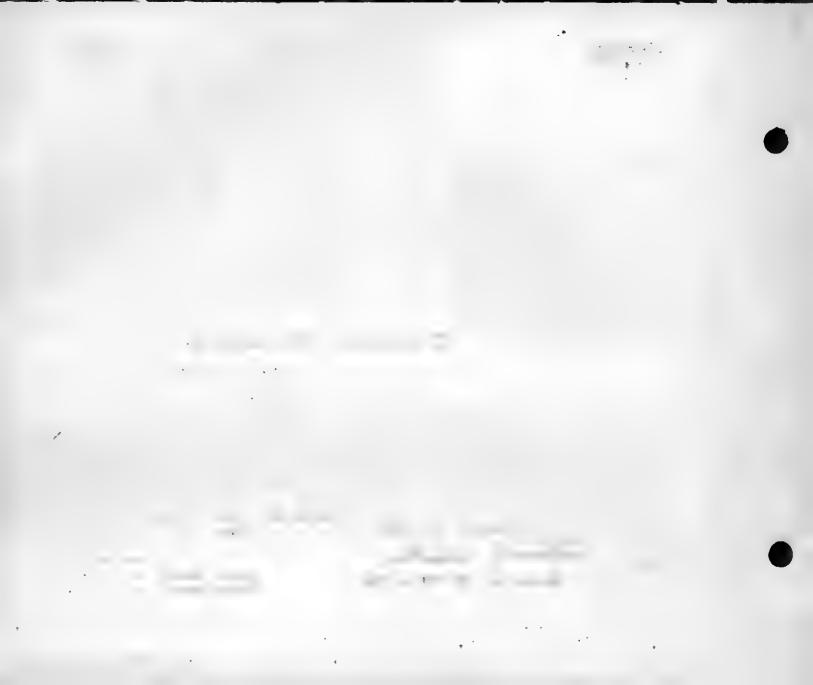
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03320MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 03328HEALTH\ DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) I PLACE OF DEATH o. COUNTY Baltimore MARYLAND Maryland State Deportment deloy b CTY OR TOWN (If outside corporate mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corparate imits, write RURAL and give nearest town) waite RURAL and give nearest town) Lu therville Lu the rville d NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) d STREET ADDRESS B IS RES DENCE ON A FARM? olong with form 4.0 1512 York Road 1512 York Road NO YES 3 NAME OF First Middle 4 DATE Month Year DECEASED 0F Loretta (Type or print) Rocke] DEATH S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE ( n years IF UNDER 1 YEAR LNDER 74 HRS 7 MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours Female White WIDOWED X DIVORCED Dec. 1. 1890 e, wring the word 'pending' in penal in Item 1 forwarded to the Chief Medical Examiner's Office, event within 72 hours ofter dea 100 LISUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11. BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life, even if ret red)
Homemaker COUNTRY? INDLISTRY Baltimore Maryland
14 MOTHER'S MA DEN NAME File pages be executed within 13 FATHER S NAME Thainor 16 WdressSeminary Ave. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCA, SECUR TY NO 17. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) Mr. Roland A. Rockel Lutherville, Md. 18 CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY INTERVAL BETWEEN (a) (b), and (c)) bur of-tronsit \*MMEDIATE CAUSE (o) wr ting the word This certificate should DUF TO in ony Conditions if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse 0 gud 0.5 used WAS AUTOPS removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? the certificate, NO YES should be 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of inlary in Port I or Port II of item 18) 3 should Ö PRIMARY ID or CONTRIBUTING ID files. CAUSE OF DEATH. cremot.on, 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While of work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion DIRECTOR: death resulted from Nototol couses Suicide Accident Hom'cide Undetermined monner funerol director CHIEF MEDICAL EXAM NER 22. DATÉ SIGNED ASSISTANT MEDICAL EXAM NER prior SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street city town, or county) CHARLES 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 23o BUR AT CREMATION. 0 Jessops Cemetery ockeysville. 24 FUNERAL DIRECTOR 2So REC D BY REG STRAR 2Sb RE VR A 15ME (5) 6M 1767



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03329 requim that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admirison) n. COUNTY b. COUNTY o. STATE within 72 hours after MARYLAND b (ITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RIRAL and give neorest town)
Randalls town in by Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Foxcliff Court. Apt 104 Foxclikk Court YES □ NO [ 3 NAME OF Middle Errst 1ost 4 DATE Year DECEASED Nathan and in on event Rosen DEATH March 19 S. SEX 6. COLOR OR RACE AGE ( n years IF UNDER 24 HRS. IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthdovi Months Dovs Hours WIDOWED DIVORCED WHITE MALE /17/1906 gud 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? ATLLINERY SALESMAN USA NEW YORK CITY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, JACOB ROSEN ANNA WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Toby Rosen. 3511 Foxcliff Court Apt ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1 DEATH WAS CAUSED BY Tykaraial InfAR.CTIM signed by burial trons IMMEDIATE CAUSE (o) DUE TO tRTERINSC PEROTIC HERIT Conditions, if any, which gave 1548aw rise to immediate couse (a), DUE TO stating the underlying couse hos been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19 WAS ALTOPS PERFORMED? YES [ NO P this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port , or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20x TIME OF INJURY Month, Day, Year 20d MIJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour to.m. Not While foctory, street, office bldg., etc.) of work Jeen 1952 to JAR27, 1967, that (1) (we) las 21. I certify that (1) (this hospital) attended the deceased fram\_ TO FUNERAL DIRECTOR: sow the deceased alive on MAR 17 1967, and that death accurred at 1/p. M, from couses and on the date stated above 220. SIGNATURE 226 DATE SIGNED director, page 3 should be filed v M.D PHYS DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 3501 MELFAR 230. BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 3/24/67 RANDALISTORN 24. FUNERAL DIRECTOR 250 REGISTRAR'S SIGNATURE VR A15 (4) 1967 25M 1/67



1/65 20M



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) within 24 write RURAL and give nearest town .5 Baltimore-Rral Baltimore, -- Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 814 Old North Point Road. 814 Old North Point Road YES NO X 3. NAME OF DATE Middle DECEASED DEATH March 5, (Type or print) AIRIA RULENZ 1967 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months event. Female WIDOWED A June 13. 1881 DIYORCED 100. USUAL OCCUPATION IGive kind of work 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY physic done during most of working life, even if retired? At home Poland please .⊑ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Tiess Minnie Buodowski removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ilyasgivewarurdetesotzervice) has been signed by the Mrs. Anna R. McColligan R14 Old North Point Roa permit. attending physician. 18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).] INTERVAL BETWEEN 6 ONSET AND DEATH Re Hum PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) **burial-transit** DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (e), stelling the underlying the hospital or After this certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY USe as 0 CERTIFICATION PERFORMED? prior NO IT 208. ACCIDENT WAS UNDERLYING I detached for 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINERS be retained by 20c. TIME OF INJURY Month, Day, Yaer 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (State) ō fectory, street, office bldg., etc.) Not White DIRECTOR: 7 should be det Hour s.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from June 1965 1965. to ... 196 / that (I) (we) last State , and that death occurred at // M. from the causes and on the date stated above. saw the deceased alive on/ OR 22b. DATE STAFF SIGNED ath. Page 4 HOSPITAL with 1 PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS rector, NAME (Type) filed Morris A. Jacobs. M.D. 1010 North Point Road 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State Oàg (Specify) Mar. 8, 1967 TOak Lawn 1: 1 Cemetery Coleate Md. ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Ullrich Funeral Home Dundalk, Md. VR A15 (4) 20M S-63





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03333 CERTIFICATE OF DEATH . PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY b. COUNTY MARYLAND requires that the depth certificate be executed within 24 hours after c LENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) **DEUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician and completely filled in by t director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72mours. 21207 13 10 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS andington Ave. 3 NAME OF 4. DATE Dov Year DECEASED OF DEATH (3 NMN 19 ( (Type or print) S. SFX AGE (In veors IF LINDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH lost birthooy) Months Hours DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **NDUSTRY** COUNTRY 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Unk. 12 ADEINT FECTIVITY NOTTY INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS)
PERFORMED? NO 120'Y 4 FY YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d- INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) 20, 190 ) that (1) (we) last 2]. I certify that (1) (this haspital) attended the deceased fram 2 ريم 19<u>[م]</u> to\_ \_19/27 saw the deceased alive an. 李 3 20 and that death accurred are 155 PM, from causes and an the date stated above. 220 (SIGNATURE 226. 1DATE SIGNED ATTENDING DIRECTOR M.D. 22d. ADDRESS 22d PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Spectly) 3/25/67. Baltimore, Md. Holy Redeemer Cemetery 25b. REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc. Balto. Md. 21214 25o. REC'D BY REGISTRAR Williamen Jupan



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03334 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I. PLACE OF DEATH Baltimore a. COUNTY b. COUNTY Baltimore o. STATE Maryland MARYLAND remove corbon papers. Pages 1 in ony event, within 72 hours after requires that the deoth certificate be executed within 24 hours after and comptetely filled in by the firemove, carbon papers. Pages b CITY OR TOWN (If outside carporate I mits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Baltimore 21236 Lowson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 20 15 Delight Avenue St. Joseph's Hospital YES NO K 3 NAME OF Middle First Lost 4 DATE Month Doy Year DECEASED FONTELLA SAMPLES 28. 1967. T., March (Type or print) DEATH 9. AGE (in years S SEX 6. COLOR OR RACE B. DATE OF BIRTH IF LINDER 1 YEAR TIF UNDER 24 HRS. 7 MARRIED NEVER MARRIED lost of rindoy) Days White June 18, 1900. Haurs Female WIDOWED X DIVORCED 10b KIND OF BUSINESS OR 10a JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT pleose during most of warking life even if retired) INDUSTRY COUNTRY? USA Kansas buriol, cremotion, or removal, and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Mills Mary E. Berry 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, orunknown) (If yes give war ar dates of service) Mrs. Charles Sommers (Same) None 1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) INTERVAL BETWEEN buriol-transit i Cardin Voserla De PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by 4531 DUE TO Verbicular Acly condem Canditians, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate hos been fost. 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES T NO T jo 200 ACCIDENT WAS LINDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) factory, street, office blda., etc.) Not While of work ot work File . 196/ to 28 Mar 1967that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 1967, and that death accurred at 24 M, fram causes and an the date stated above 22b. DATE SIGNED 22o, SIGNATURE ATTENDING MED director, page 3 should be filed v M.D PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) BULLAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 4/1/67. Mt. Moriah Cemetery Kansas City, Missouri. 25b REGISTRAR'S SIGNATURE ADDRESS 25g, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Leonard J. Ruck. Inc. Balto. Md. 21214 VR A15 (4) Melanley Judge 20 M 1/66

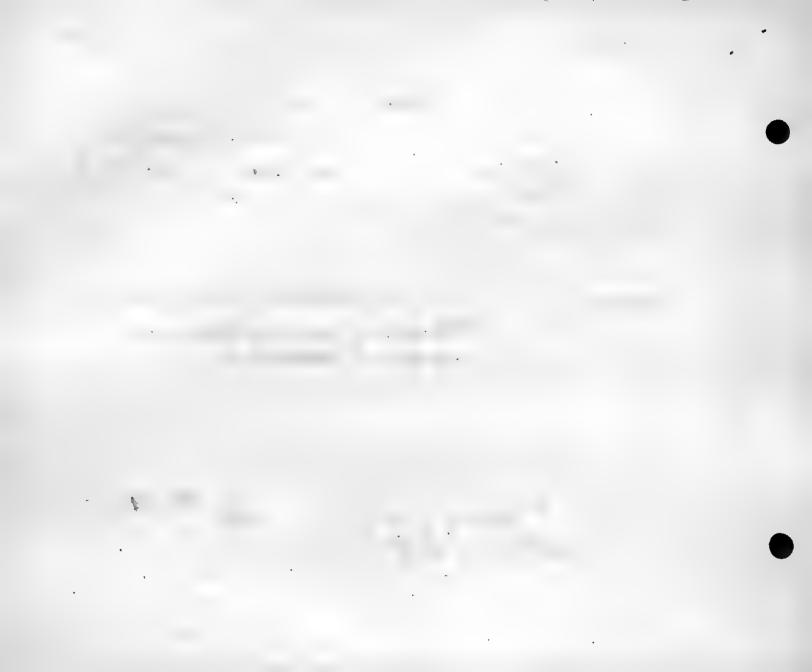
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03335 03327 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) D. COUNTY o. STATE **b.** COUNTY BALTIMORE MARYTAND MARYLAND within 24 hours after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits write RURA, and give nearest town) FORT HOWARD DAYS BALTIMORE .⊑ d NAME OF HOSP TAL OR INSTITUTION ( f not in hospital, give street address) e IS RESIDENCE d STREET ADDRESS ON A FARM? filled 1608 ELLSWORTH STREET VETERANS ADMINISTRATION HOSPITAL YES NO D NAME OF rarban First Middle Lost DATE Month Day Year and campletely DECEASED OF SANDERS 19 67 WALTER DOUGLAS MARCH (Type or print) DEATH The law requires that the death certificate be executed SEX 6 COLOR OR RACE AGE ( n years IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Months Doys Hours YAD UI SEPTEMBER WIDOWED TO DIVORCED 1905 NEGRO 100 LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician c ien please during most of working life, even if retired) INDUSTRY BALTIMORE, MARYLAND LABORER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal CHARLIE SANDERS ELIZABETH TATE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dates of service) CLINICAL RECORDS FORT HOWARD, MARYLAND YES WN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY TONST AND REATH IMMEDIATE CAUSE (o) BRONCHOPNEUMONIA è DUE TO signed burial Conditions, if ony, which gove PSEUDOMONAS AERUGINOSA nse to immediate couse (o). **D**UE TO stoting the underlying couse lest. ds PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? THROMBOSIS OF THE RIGHT MIDDLE CEREBRAL ARTERY. ARTERIOSCLEROTIC NO K ZOB. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port - or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TiME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) Hour to.m. foctory, street, affice blda., etc.) Not While of work to MARCH 5 21. I certify that (this haspital) attended the deceased fram FEB 28 1967 19 67, that (# (we) los Page 4 may be retained and that death occurred at 150P M, from causes and on the date stated above. MARCH 5 1967 TO FUNERAL DIRECTOR; sow the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING 3/6/67 DIRECTOR MD PHYS PHYS r, page 3 be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND director, should b 230 BURIAL CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) BURLAL (Specify) BALTIMORE NATIONAL BALTIMORE MARYLAND
LEGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR RAYNOR SANDERS 25o. REC'D BY REGISTRAR 25M 1/67 FUNERAL HOME, 217 E. Preston ST. Baltimore



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE MARYLAND b. AITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES be executed within NAME OF DECEASED First Middle DATE Day Month compler carb event, (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. CDLOR DR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED and any WIDOWED IX DIVORCED hysician a please re il, and in 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? death certificate FATHER'S\_NAME MOTHER'S MAIDEN NAME Гетпоуа 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INPORMAN 16. SOCIAL SECURITY ND. Address permit. 5 (Yes, no, or unkown) | (If yes give war or dates of service) cremation, 18. CAUSE DF DEATH [Enter only one cause per line INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? ND YES 20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. 19 at work at work 66 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 2.35 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR page FUNERAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p should be 1 GOLPIRA LOCATION LOTTE town (State) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOVAL (Stecify) REGISTRAR REC'D BY REGISTRAR FUNERAL DURECTO ABDRESS 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03338 08880 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Baltimore a STATE b COUNTY MARYLAND Md Baltimore b CITY OR TOWN (If outside corporate limits, requires that the death certificate be executed within 24 haurs oft c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Catonsville Catonsville IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS completely filled i Briarwood Rd. 53 Briarwood Rd. NO 3 NAME OF Middle Last 4 DATE Month Doy Year DECEASED Theckla Schifferer (Type or pont) 19 DEATH S SEX 6. COLOR OR RACE 9. AGE ( n years IF UNDER 1 YEAR I IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH 7 MARRIED last. birthday) Manths Haurs July 18/82 Cauc. WIDOWED DIVORCED cremotion, or removol, and in ony 10a. USUAŁ OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housekeeper COUNTRY? INDUSTRY Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Frederick Schifferer Katherine ---17 MMEORMANTileen E. Eiser 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates of service) 212-32-4176A Briarwood Rd. - 21228 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per app for (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART & DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause peen has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? NO X YES 🗀 O HOSPITAL OR ATTENDING PHYSICIAN: DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTR BUT NG CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (State) 20c TIME OF INJURY Month, Day, Year (County) Hour to m. Nat While factory, street, affice bldg, etc.) at work at work 21 I certify that (I) (this haspital) aftended the deceased from and that death accurred at 44 38 M, from causes and an the date stated above saw the deceased alive an 22b DIRECTOR M.D PHYS PHYS 22c. PHYSICIAN'S 22d ADDRESS TO FUNERAL NAME (Type) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Fawn) 23a BUR AL, CREMATION, (County) Burial (Specify) St. John's Cemotory Ellicott City, Md. 3-18-67 25g REC'D BY REGISTRAR 2Sb REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67. D. - 4101 Edmondson Ave.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03331 CERTIFICATE OF DEATH 0 24 hours after death. by the funeral Pages I and 2 haurs after death 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o. STATE Maryland a. COUNTY b. COUNTY Baltimore MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) Baltimore Rural Baltimore vear papers. d, NAME OF MOSPITA. OR INSTITUTION (If not in hospitor, give street address)
Augsburg Lutheran Home
6811 Campfield Road 21207 filled in d. STREET ADDRESS IS RESIDENCE ON A FARM? 3010 Glendale Avenue YES NO X requires that the death certificate be executed within ve carban gevernment Middle 4 DATE NAME OF First Year campletely Elizabeth Schilling OF March 67 DECEASED Christina 19 (Type or print) DEATH IF UNDER 24 HRS 9. AGE (In years JE LINDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH Bast birthday) Months Haurs Dovs White Female 2/9/80 WIDOWED DIVORCED and in an physician and 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of wark dane 10b KIND OF BUSINESS OR during most of warking life, even if retired) **INDUSTRY** Baltimore. Marvland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Barbara Rithman Henry Rehling 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates of service) ь A. Hauer, 6811 Campfield Road 215-50-9423 crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (r).) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ 4200 DUE TO signed burial, Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending as the prior tal O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health p NO K 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item B. 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or lawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Nat While at wark at wark 21. I certify that (I) (this handle) attended the deceased fram\_ 1966, to. shauld P M, fram causes and an the date stated above. and that death accurred at saw the deceased alive an 220, SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR PHYS director, page 3 should be filed M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. (County) (State) ... DATE THERPOI 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03332 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. ily filled in by the funeral an papers. Pages 1 and within 72 haurs after death PLACE OF DEATH 8811 Jasper Lane 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY b COUNTY Baltimore County MARYLAND Balto, Co., Md Jasper Lane. c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town b CITY OR TOWN (if autside carporate limits, r LENGTH OF STAY IN 1h write RURAL and give nearest town) lifetime Carnev TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 8811 8811 VASIVER ANI MINIE NO X nave carban p ly event, with 3 NAME OF First Middle Last DATE Month Day and, tampletely DECEASED Elizabeth (Type or print) Schultz March 1967 DEATH 5 SEX AGE (In years IF UNDER I YEAR LIF JNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost durthday) Days White Haurs 3-30-93 WIDOWED DIVORCED and in willy e e 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? physician Mary land hóme 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar removal, Ruth Ann Roberts Edgar Bissell

S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give wor or dates of service) AHIL no 1B. CAUSE OF DEATH (Enter only one couse per line for (a)) (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending 9 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) for Use NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. Nat While factory, street, affice bldg , etc.) at wark at wark 1964, to 3.24 , 1966, that (1) (wor) last 19 Lo and that death accorred at he M, from causes and an the date stated above saw the deceased alive ap-22a SIGNATURE DATE SIGNED ATTENDING MED DIRECTOR STAFF M.D 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL FUNERAL NAME (Type) 7527 Belair Road 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BUR-AL CREMATION. REMOVAL (Specify) le Balto
25b REGISTRARS SIGNATI 3/28/67 Moreland Memorial Pk | Parkville. 0 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 CHARLES EVANS SON Balto., Md. 2123 + MAR 29



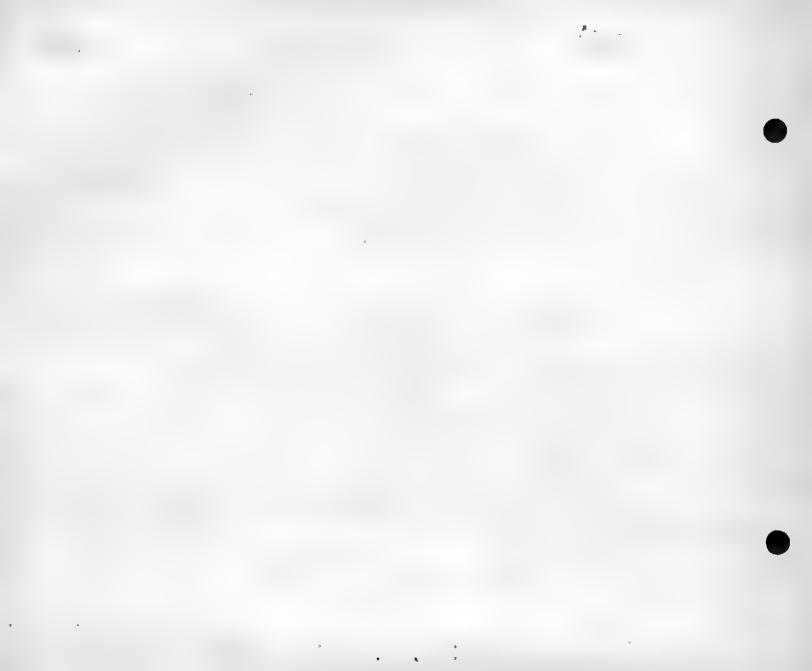
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03341 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH SCHW2RTZ E OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admis A. STATE Ilf nat in hospital ar institution, give street HOSPITAL OR oddress or location) (If outside city limits, with RURAL and give township) INSTITUTION campletely G law requires that the death certificate be executed 5. SEX 5. PACE MARRIED, NEVER MARRIED Under 1 Ye. If Under 24 Hrs. Months! Days tast birthday WIDOWED, DIVORCED (specify) Hours OCCUPATION Give kind of work BIRTHPLACE (Stole or foreign country) 2. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yas, na or unknown) (III yas, give wor or dates of service) SECURITY NO. 18. burial-transit ONSET AND DEATH Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DISEASE OR CONDITION DIRECTLY signed LEADING TO DEATH (This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease, of the injury or complication which caused death.) clorler ANTECEDENT CAUSES SD DISEASES OR CONDITIONS, if any, rise to the above couse (A) stoling the UNDERLYING CONDITION losi. 22. I certify that (1) (this hospital) attended the deceased fram, March 25 195-7 to March 31 31, 19 67 and that in(my) (aur) apinlan death accurred an the date THE , CA that (1) (we) last saw the deceased alive an..... and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23R DATE SIGNED 23A, SIGNATUR Med. Attending Director page 23D. ADDRESS 24D. LOCATION 0 258. NAME OF REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03342 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) filled in by many popers. Pages I un a. COUNTY **b** COUNTY BALTIMORE MARYLAND The law requires that the death certificate be exercited within \$14 hours after b. CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) DAYS FORT HOWARD BAINTMORE 21212 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ordress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 filled VETERANS ADMINISTRATION HOSPITAL 406 MURDOCK ROAD NO 3 YES corbon 3. NAME OF Lost 4 DATE FIRST Manth Doy Year DECEASED ALEXANDER 19 67 SEAMON MARCH 20 (Type or print) DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH eve ( 7. MARRIED **NEVER MARRIED** birthday) Manths Days Haurs MALE 1878 WHITE MARCH 19. in any WIDOWED DIVORCED rens pup 10b. KIND OF BUSINESS OR 10a USUAL OCCUPAT ON (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
TATLOR INDUSTRY COUNTRY? puo RUSSIA U.S.A TAILOR SHOP 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol JOHN SEAMON ANNA SHENDERMETSER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, op or unknown) I(If yes a ve wor or dotes of service J.O. 217 03 66 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. cremation. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) NTERVAL BETWEEN buriol-tronsit PART I DEATH WAS CAUSED BY. BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave (b) rise to immediate cause (a), DUE TO for use as the L Health prior to b stating the underlying couse lost. 19 WAS AUTOPS PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CARDIOVASCULAR DISEASE. ARTERIOSCLEROTIC DECUBITIS, MULTIPLE NO X 20a ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) Hour o.m. Nat While foctory, street, affice bldg., etc.) ot work ot work 21. I certify that (2) (this haspital) attended the deceased fram. , to 3/20/67 19 19\_\_\_\_, that (we) last ue mitained saw the deceased alive on and that death accurred at 11:00AMam couses and an the date stated above. 220 SIGNATURE 22b DATE SIGNED Carlo Marchael STAFF PHYS. 3/20/67 DIRECTOR M.D. PHYS Poge 4 moy | 22d. ADDRESS 22c. PHYSICIAN'S TO FILIE MAL director, pur NAME (Type) PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (State) 2/1967 BALTIMORE. MARYLAND BALTIMORE, NATIONAL 24 FUNERAL DIRECTOR ADDRESS 25a REC'D BY REG STRAR 25b REG STRAR'S SIGNATURE JENKINS FUNERAL HOME VR A15 [4] YORK ROAD, DALTIMORE, DATEMAR 2



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 03343 OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY MARYLAND 04 b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) TOWSON timore TOWSON 1204 d NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) /= e IS RES DENCE ON A FARM? popers d STREET ADDRESS Rd Hiekory ND F NAME OF DATE Month Lost Doy carbon completely ₹ DECEASED Moriva Searls (Type or pnnt) DEATH S SEX 6. COLOR DR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** lost birthday) Doys Hours 8-8-Female in any WIDOWED DIVORCED and 1Do USUAL OCCUPATION (Give kind of work done TOP KIND DE BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired) physician i INDUSTRY COUNTRY? and U. S. A Housewife
13 FATHER'S NAME WN HOME New Gersen MOTHER'S MAIDEN NAME or removal, Giles Ebward HMrT Urmston the attending parties of the IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give wor or dates of service) COL. WELLINGTON 717-07-69 har crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burral-transit burral, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TD ficate has been s far use as the b f Health priar to b stoting the underlying couse or attending last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTDPS) PERFORMED? NO this certificate 2Do ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) the hospital DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om. factory, street, affice bldg , etc.) Not While ot wark ot work 19.6 t to Karek 19 6 1, thot (1) (we) last 21 I certify that (I) (this hospital) offended the deceased from te O HOSPITAL OR ATTEND Page 4 may be retained T, and that death accurred at 4 40 LM, fram causes and an the date stated above. saw the deceased alive an Marc TO FUNERAL DIRECTOR: 196 22o. SIGNATURE 22b DATE SIGNED director, page 3 shauld be filed v M.D. DIRECTOR PHYS PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Greater 230 BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMPTERY OR CREMATORY 23d LOCATION (City or Town) (County) Druid Ridge Pikesville Balto Co EUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03344 CERTIFICATE OF DEATH death ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate amits, CLENGTH OF STAY IN 16 TOWN (15 outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CATUNSVIILE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS NO YES NAME OF DATE Month Year DECEASED OF IZABETH 196 (Type or pnnt) DEATH 9. AGE (In years lost birthday) 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH **NEVER MARRIED** Months Hours WIDOWED 1 DIVORCED 100 JSJAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if petired) INDUSTRY COUNTRY? mes-13. FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 1. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse has been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO Z 20o. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram 5 - 30 -1964 to 3 - 6-19 67, that (I) (%e) las be retained -6- 1967, and that death accurred at 203 P.M. from causes and on the date stated above O FUNERAL DIRECTOR: saw the deceased alive an-22b. DATE SIGNED 22o. SIGNATURE ATTENDING 3-6-67 M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, **BURIAL, CREMATION** (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR



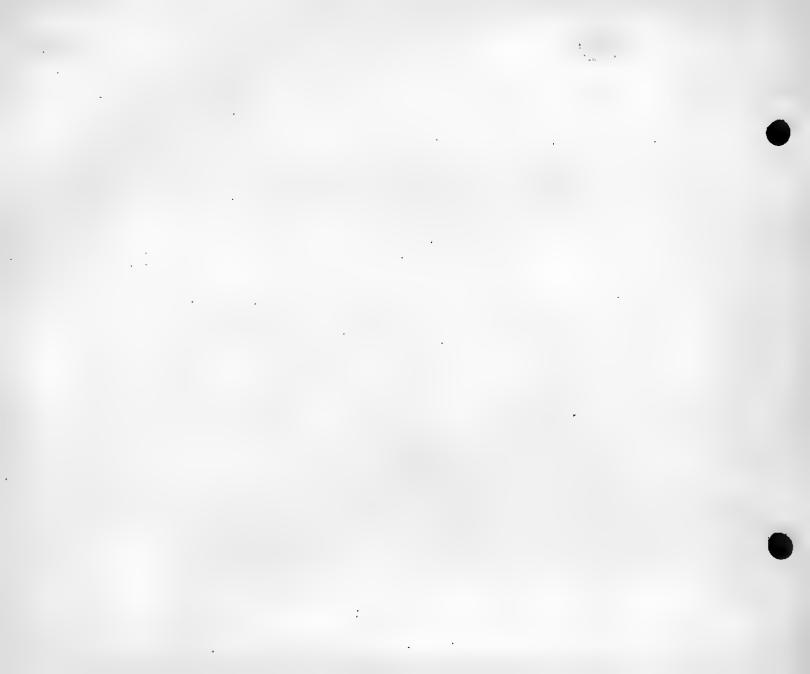
_1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYL	AND 21201				
STATE	03345 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03337				
DEPT.	1 PLACE OF DEATH  a. COUNTY BALT, MORE  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, finishing to county by the county by	A270.				
rs after death	b CTY OR TOWN (If autside carparate mits, write RURAL and give necrest town)  C LENGTH OF STAY IN 16  C CITY OR TOWN (If autside carparate limits write RURAL and give necrest town)  TO WS ON H	0-1				
ours S	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, given street oddress)  1313 MILL DAM RD  1313 MILL DAM R	e IS RESIDENCE ON A FARM? YES NO				
75	3 NAME OF DECEASED (Type or print) GEORGE FREDERICK SEYBOTH OF DEATH MAKE!	4 30 1967				
′ L	S SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n years last pirthdoy) yrs	FUNDER 1 YEAR FUNDER 24 HRS Months Doys Hours Min				
	100 JSUAL OCCUPAT ON (Give kind of work done during most of working lite, even if retired)  100 L & Die maker  10b K ND OF BUS.NESS OR  11 BIRTHPLACE (State or fare gn cauntry)  10c L & Die maker  10c L & Die maker  10c L & Die maker	COUNTRY .S.A.				
⊑	George Seyboth  14. MOTHERS MAIDEN NAME Rose Kueb	ler				
permit. File mavol, and	S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (f yes give wor or dates of service) (Yes, no, or unknown) (f yes give wor or dates of service)  122-10-9867 Mrs Adelaide L. Seyboth 1313 Milldam Road					
L DIRECTOR: Page 3 should be used as a buriol-tronsit permit. its designated agent, prior to burial, cremation, or remaval.	18 CAUSE OF DEATH (Enter only one cause per the for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  MYOCARD 14L  INFARCTION	INTERVAL BETWEEN ONSET AND DEATH				
тотоп,	Conditions, if any, which gave (b) CORONARY ARTERY DISEASE	6 mos.				
	stoting the underlying cause   DUE TO (c)					
non 2	PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO				
gent, prior to bu	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port Lot Item 18)					
d ogent	p.m. 17 atwork 🗀	(Caunty) (State)				
gnote	21 I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquideath resulted from Natural causes, Accident, Suicide, Hamicide, Undetermined management					
rts des	ACTUAL SIGNATURE PUBLICATION OF THE MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER	22. DATE SIGNED				
Heolth or its designofed age	EXAMINER'S WILLIAM A. PILISBURY DEPUTY MEDICAL EXAMINER PLANT OF COUNTY MADE (Type) WILLIAM A. PILISBURY Address (Street, Lty, Lowit or County)	3-3067				
	230 BURIAL CREMATION, REMOVAL (Specify)  Burial  230 DATE THEREOF  230 NAME OF CEMETERY OR CREMATORY  231 LOCATION (City or Town Dulaney Valley Cemetery Baltimore  24 FUNERAL DIRECTOR  250 REC'D BY REGISTRAR	vn) (County) (Stote)  Co. Md.				
E (3)		Clarles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03346 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) 1 PLACE OF DEATH o. COUNTY Baltimore h COUNTY MARYLAND b CITY OR TOWN (I outside corporate imits C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and a veinearest tawn) write RURAL and give nearest town) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 3 4 shauld be farwarded to the Chief Medical Examiner's Office algag with farm ON A FARM? 1525 Pentridge Rd. St. Joseph's Hospital 40 PM NAME OF M ddle 4 DATE Year DECEASED OF DEATH Mary Dessel Shamberger March 28. (Type or print) 9 AGE ( n years 6 COLOR OR RACE B. DATE OF BIRTH 7 MARR ED NEVER MARR ED b rthdoy) 4/3/1890 female white WIDOWED X any event within 72 haurs after death D VORCED 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done during most of working te even in et red) INDUSTRY COUNTRY Balto., Md. 14. MOTHER'S MAIDEN NAME
Mary Sauers 13 FATHER'S NAME be executed within Jacob Dessel 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes no prunknown) (If yes give wor or dates of serv cel Mrs. Elaine M. Peck, 322Worthington Ro INTERVAL RETWEEN 1B. CAUSE OF DEATH (Enter only one leuse per luterfor (o), (b) and (c) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE LA This certificate should DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEACH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) remayal, WAS AUTOPSY PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCR.BE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) Ь PRIMARY Or CONTRIBUTING CAUSE OF DEATH 3 20f (Cty or town) 20c TIME OF N. RY Month, Doy Year 20d NURY OCCURRED 20e PLACE OF INJURY (Home form Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21 I certify that I taak charge of the remains desembed above, held an Autapsy . Inspect an Autapsy . may be retained Tar FUNERAL DIRECTOR: and in my opinian death resulted form Natural causes Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER F. O'DONNELT, M.D. Health > Address (Street Gty town or county) 23c NAME OF CEMETERY OR CREMATORY 23d IOCATION (City or Town) 23b DATE THEREOF 230 BURIAL, CREMATION 50 Baltimore, Maryland REPORT BORNIL 3/31/67 Woodlawn 250 RECD BY REGISTRAR ADDRESS 2Sb REGISTRAR'S S GNATURE 24 FUNERAL DIRECTOR VR A 15ME (5) mitchell-Wiedefeld Home 6500 York Rd. 6M 1767 Balto., Md.

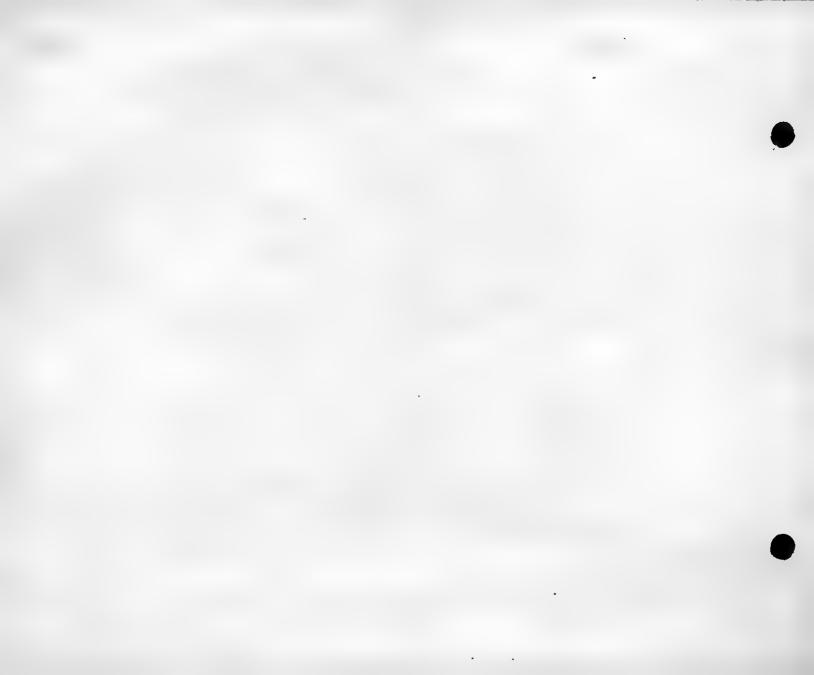


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death, 24 hours after death. PLACE OF DEATH USDAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the after 111111 160 MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) á write RURAL and give nearest town) 9 filled in papers. I .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, 6. IS RESIDENCE d. STREET ADDRESS ON A FARM? within YES ND X death certificate be executed within attending physician and completely rmit. Then please remove carbon p, or removal, and in any event, within, or removal, and in any event, 3. NAME DE First DATE Month Middle 4. Day DECEASED DF march (Type or print) 2 DEATH 19 SEX 6. COLOR DI RACE AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS. E OF 7. MARRIED NEVER MARRIED X Months Days Hours WIDOWED DIVORCED 1Da. USUAL DCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. INFORMANT Address 17. been signed by the atter the burial-transit permit, or to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the DNSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Cenditions, if any, which (b) rise to immediate DUE TD (a), stating the prior underlying cause last. (c) has 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. for use Health p PERFORMED? certificate ND YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ( DESCRIBE HOW (NJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of DR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c. TIME DF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (County) 20f. (City or town) be de State I factory, street, officebldg., etc.) Hour a.m. While Not While OR ATTENDING P After 19 at work p.m. at work ㅁ should ith the 21. I certify that (!) (this hospital) attended the deceased from 196 that (I) (we) last DIRECTOR: Age 3 should with the M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. DIRECTOR M.D. Page 4 may O HOSPITAL PHYSICIAN'S 22d. FUNERAL director, p should be 1 ADDRESS NAME (Type) ٥ BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county) (State) 23a. REMOVAL (Specify) 2 FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b REGISTRAR'S SIGNATURE liance VR A15 (4) 20M 1/65



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
١	03348	CERTIFICATE	OF DEATH	03349	
Ī	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if inst o. STATE b. C.	ounty	
-	b CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	RURAL ond give neorest town)	
)	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	nemital miss etreat addrace)	d. STREET ADDRESS	A IS RESIDENCE	
-	Bolto Co. Sens	A Hospital	5000 A Poplier Rd	e. IS RESIDENCE ON A FARM? YES NO	
3	NAME OF First DECEASED	Middle	Lost 4 DATE N	onth Day Year	
-	(Type or print) // (TYDan)	ARRIED NEVER MARRIED B	DATE OF BIRTH	19 7	
J	,	DOWED DIVORCED D	lost birthdoy	) Months Doys Hours Min	
1	On USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
L	Tailor	Retired	Russia	USA	
'	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
h	IS. WAS DECEASED EYER IN U.S. ARMED FORCES?		NFORMANT A	ddress	
(	(Yes, no, or unknown) (If yes give wor or dotes of servi		rs. Rosalie Racusin 36	09 Brianstone Road	
	18. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY.		Quela 1	INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (o)  7 × 01 DUE TO	negorordeal	FELCTUN	2	
	Conditions, if any, which gave (b)	arteur relevole	V Heart Des.		
	stating the underlying couse	( are la ex . iii	Per Gerry Mican	bergs	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PARY 1(o)	19 WAS AUTOPSY	
ATION				PERFORMED? YES NO	
CEDITICICATION	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED (	Enter noture of injury in Port I or Port II of item 18.		
MENICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		TOF INJURY (Home, form, pry, street, office bldg., etc.)	(County) (Stote)	
	21. I certify that (I) (this hospital)	attended the deceosed from	death occurred of 2 P M, from caus	es ond on the dote stated above.	
	saw the deceased alive on			22b DATE SIGNED	
	- Ci	Jeens- M.C		W 3/1167	
1	22c. PHYSICIAN'S NAME (Type) Dr. De Joya	0 1	22d. ADDRESS B - C - G . H .		
2	230 BURIAL, CREMAT ON, 23b DATE THEREOF	23c. NAME OF CEMETERY OR O			
-	REMOVAL (Specify) BLUTICAL 3/2/67 24. FUNERAL DIRECTOR	Ahavas Shol	om Baltin	ore Maruland REGISTRAR'S SIGNATURE	
	Sol Levinson & Bros. In	- 4 4 70	d. MAR 6 1967	REGISTRAR'S SIGNATURE	
E	SUA TANASKIDIL O DICOGO ATO				

MARYLAND STATE DEPARTMENT OF HEALTH



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
after Ineral Iould	U3343 CERTIFICATE OF DEATH	03341			
24 hours pery the full may 2 st	1. PLACE OF DEATH  a. COUNTY  D. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)  C. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	_			
be executed will and completely fill before papers. Parkon papers. Parkon papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  2	ON A FARMY YES NO NO Your 10 19 [- []			
death certificate and in lany event	10e. USUAL OCCUPATION (Give kind of work done during most of working they even if retired)  12. Cl done during most of working they even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	TIZEN OF WHAT COUNTRY?			
es that the cian. by the atter rmit. Then	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT  (Yes, no, or unkown) (Ilyesgivewerordelesofservice)  (The social security No. 17. ENFORMANT  Address  (Yes, no, or unkown) (Ilyesgivewerordelesofservice)  (The social security No. 17. ENFORMANT  Address  (Yes, no, or unkown) (Ilyesgivewerordelesofservice)  (The social security No. 17. ENFORMANT  Address  (Yes, no, or unkown) (Ilyesgivewerordelesofservice)  (The social security No. 17. ENFORMANT  Address  Address	INTERVAL BETWEEN ONSET AND DEATH			
ATTENDING PHYSICIAN: The law requires retained by the hospital or attending physicarons. After this certificate has been signed ald be detached for use as the burial-transit per Dept. of Health prior to burial, cremation, o	Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause last.  (c) Charles are an area (c) cause last.	mostly 31/2 peas 17 T(e) 19. WASTAUTOPSY PERFORMED?			
	Hour e.m. White Not While factory, street, office bldg., etc.] p.m. 19 et work at work	YES NO			
OR may I DIRE	21. I certify that (I) (this hospital) attended the deceased from				
TO HOSPITAL death. Page 4 TO FUNERAL director, page be filed with the	233. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Specify) 3/11/6/2 Communication (City, town or count REMOVAL (Spe				
VR AIS (4) 20M 5-63	Sylvan S. Louis & Son, Mac of averson, May parte	de Judge			

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03343 03351 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission the attending physican and completely filled in by the funeral sit permit. Then please remove capan papers Poges I and an any event, within 72 hours after deat o. COUNTY MARYLAND b CITY OR TOWN (If outside carparate limits, c. (ENGTH OF STAY IN 16 c, CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) write\_RURAL and give pearest town) mon 10113 TOWN d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 4024 ounti NAME OF Middie 4 DATE DECEASED OF SITNICK 3 196 7 (Type or print) DEATH AGE (In years IF UNDER YEAR IF UNDER 24 HRS. 6. COLOR OR RACI 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED RO last brinday) Menths Davs Hours WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY At Home Housewike Russia LISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laib Brodie Leah 15 WAS DECEASED EVER IN .. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service Mr. Joseph Sitnick, 4024 W. Cold Spring Lan 205-14-4231 No INTERVAL BETWEEN ONSET AND DEATH SUSPECTED OCCLUSION OF ADRTIC BIFURCATION 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c),
PART I, DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse as the l Page 4 may be retained by the haspital or attending this certificate has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? for use Health 4LCERATIUE COL1715 NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II af item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) (Stote) 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Not While at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram 3/8/67 \_\_\_, that (I) (we) last and that death accurred at & Oram, from couses and an the date stated above 24/67 19 saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR director, page 3 should be filed v PHYS 22d. ADDRESS / O IRVINI HYATI NAME (Type) DR 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23a BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) Baltimore, Marland Tifereth Israel Anshe Shard 3176/67 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 6010 Melioner

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Baltimore Baltimore Mary land b. CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Consider Country d NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS UU OR INSTITUTION ON A FARM? YES NO 1002 Coleridge Court. Apt. 1002 Coleridge Court .5 NAME OF DECEASED 4. DATE Middle Month Day Year filled DEATH (Type or print) Sline 1967 Mildred Mar. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 8 DATE OF BIRTH 9 AGE (In years lost birthdoy) etel Months Dovs Hours White WIDOWED | DIVORCED TO July 1. 1907 Female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Manager Upholstery Co. Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicic Franklin H. Barto Emma L. 21228 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address Mrs. Irvin R. Waterfield, 1322 Denbright Rd. No 219-07-0828 Вu 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y-Famor - Skull - Palore B. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Doy, Yeor 20d INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work ot work p m mai 26 15% that I last saw the deceased 1966 21. I certify that I attended the deceased from. \_\_ and that death accurred at\_\_\_\_\_ \_\_M. from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Baltimore Md. Raltimore Cemetery 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Harry H. Witzke, 4101 Edmondson Ave., Balto. 29, Md. VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03345 03353 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o STATE b COUNTY MARYLAND The Deportment b City OR TOWN III outside carporate mits. CLENGTH OF STAY IN 16 outside corparate limits, write RURAL and a ve negrest town) and give nearest town? e IS RESIDENCE ON A FARM? d NAME OF HOSPITA OR Nothillion (If not in hospital, give street and d STREET ADDRESS form YES NO Item 18. Give Pages Office olong with NAME OF DATE Month Dov Year DECFASED OF DE ATH with the (Type or print) IF JNDER 1 YEAR S SEX AGE (In years FUNDER 24 HR 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Haurs W DOWED 100 USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) 72 hours after 1100MM Exominer's 13. FATHERS NAME pencil 14 MOTHER'S MAIDEN NAME This certificate should be executed within WAS DECEASED EVER IN U.S. ARMED SORCES? 16 SOCIAL SECURITY NO INFORMANT Address forwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dates of service) w thin IB CAUSE OF DEATH (Enter only one couse per line for (o) (b), and ki PART I DEATH WAS CAUSED BY in any event IMMEDIATE CAUSE (d) writing the word DUF TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse puo 0.5 PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? removol, YES ΝŌ 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of term 18) 3 should should b 5 PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremation, 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) 20c TIME OF NJURY Month, Doy, Year (County) (Stote) Hour om. Not While factory, street, office bldg, etc.) FUNERAL DIRECTOR: Page at work at work 21 1 certify that I taok charge of the remains described above, held an Autopsy ... Inspection 1, Inquiry . and in my op man death resulted from? Natural causes Accident Suicide . Undetermined monner Hamicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED prior 1 ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy Address (Street city, town, or county) NAME (Type) O'DONNET.I. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 0 250 REC D BY REGISTRAR VR A15ME (5) (



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND 03354 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission o. COUNTY a. STATE b. COUNTY MARYLAND ALTI. b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL-and give negrest town) tons ville d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION 21 Westowne YES 🗍 NO 🕟 2 4. DATE NAME OF Middle Manth Day Year OF DEATH DECEASED death. (Type or print) 196 9 AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS MARRIED NEVER MARRIED lost birthday) Manths Hours emai DIVORCED | WIDOWED . USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? during rooy of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSES AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the under-2/2/11 lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO | 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f (City or lown) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a m. While Not while. at work at work p m 19.67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram\_ , and that death occurred at M. fram the causes and on the date stated above saw the deceased alive an 22a. SIGNATURE SIGNED M.D. PHYS MOS DIRECTOR [ 22c. PHYSICIANIS 22d ADDRESS かれり 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **ADDRESS** 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03355 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after dwath funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY o. STATE b COUNTY MARYLAND filled in by the in arban papers. Pages 1 nt Within 72 hours after Limorec. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside corporate irmits CLENGTH OF STAY IN 1h write RURA, and give nearest town) Woodlawn d. STREET ADDRESS e. IS RESIDENCE NAME OF HOSPITAL OR INSTRUCTION (If not in haspital, give street address) ON A FARM? 3129 Jeffland Road DILINYA YES □ NO I NAME OF 4. DATE OF Month Day Year completely DECEASED E. 3 (Type or print) DEATH 19-6 Į, IF LINDER 1 YEAR IF UNDER 24 HRS SEX 9 AGE (In years 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED remove è and in rthday) Months Days Hours Feb. 10, 1880 and in any WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done TOD KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired)

Retired - School Teache COUNTRY? INDUSTRY Harford County 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, ar remaval, Josephine Johnson William B. Smithson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. 220-44-1293 Mr. James A. Smithson same address INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 7 x x 1 DUE TO Conditions, if any, which gave (b) rise to immediate cause (o). DUE TO stoting the underlying couse te has been use as the latter that 4 may be retained by the haspital ar attending last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health NO O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) Hour am factory, street, affice blda, etc.) While Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram. . 196 / . ta 19\_67 that (1)/(we) last 1967, and that death accurred at 11:32 M, from causes and on the date stated above. saw the deceased alive an 22h DATE SIGNED 22o. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURJAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BUTIAL Specify) 3/8/1967 Centre Methodist Ceme terv Forest Hill Harford Co. ADDRESS -25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE Ouselas 1967 leave by DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03356 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY BATTTMORE MARYLAND 24 hours ofter papers. Pages I c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
FORT HOWARD 20 DAYS BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e IS RESIDENCE ON A FARM? YES NO .⊆ d. STREET ADDRESS within 72 filled 310 E. RANDALL STREET VETERANS ADMINISTRATION HOSPITAL The law requires that the death certificate be executed within 3. NAME OF First 4 DATE Day Year DECEASED complete 1967 MARCH 31 **OLIVER** B SOMERS ond in only event, (Type or print) DEATH #F UNDER 24 HRS AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH remove birthday) Davs Hours Min. MARCH 7. 1919 ALCOHOL: MALE WIDOWED DIVORCED and 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician a nen pieose LOCKER ROOM ATTENDANT BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo ARZA SOMERS MARGARET SLY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. VA HOSPETAL (Yes, no, or unknown) (If yes give war at dates at service 10 216 09 97 112 CLINICAL RECORDS FORT HOWARD, MARYLAND cremation, 18. CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c)) INTERVAL BETWEEN BUSETAND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY: ACUTE YELLOW ATROPHY OF LIVER IMMEDIATE CAUSE (a) MININGK signed ! RHEUMATOID ARTHRITIS Canditians, if any, which gave rise to immediate cause (a). **DUE TO** stating the underlying couse as the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS ficote has PERFORMED? ARTERIOSCLEROTIC HEART DISEASE. FRACTURE LEFT HIP 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INSURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Hour am. factory, street, affice blda., etc.) Nat While at wark 2) I certify that (1) (this haspital) attended the deceased from MARCH 11 1967 to MARCH 31 1967 that (19(we) last 19 67, and that death occurred at 5004. M, fram causes and an the date stated above saw the deceased alive on MARCH 31 220 SIGNATURE 22b DATE SIGNED MED DIRECTOR STAFF PHYS. 3/31/67 director, page 3 should be filed v 22d. ADDRESS FUNERAL NAME (Type) GEORGE C./MC ELFATRICK, M. D. VAH FORT HOWARD. MARYLAND 23o. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Stote) (County) REMOVAL (Specify) 67 0 GLEN HAVEN MEMORIAL PARK RITCHIE HIGHWAY BALTO MD. 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03357 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. by the funeral Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Fort Howard c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) ely filled in by th ban papers. Pag. , within 72 hours c 55 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5621 Wesley Avenue Veterans Administration Hospital NO X and completely t NAME OF Middle First 4. DATE Year Manth Day DECEASED ANGRISH TMN) SPEARMAN MARCH 2ND 67 19 DEATH S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lease remove) and in any eye 7. MARRIED **NEVER MARRIED** 10/17/94 Male Colored WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if ret red)
Longshoreman Steamship Fayetteville, North Carolina Lines 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya Marshall Spearman Rose Cogden WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates af service)
Yes Win I Clinical Rec. VAH, Fort Howard, Maryland 215-09-33-31 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN burial-transit Days DEATH PART I. DEATH WAS CAUSED BY. PNEUMONIA IMMEDIATE CAUSE (a) DUE TO CEREBRAL VASCULAR ACCIDENT Conditions, if ony, which gave YEARS nse ta immediate cause (a), **DUE TO** stating the underlying cause certificate has been (c) ARTERIOSCLEROTIC HEART DISEASE YEARS WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) NO 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) 20c TIME OF INJURY Month, Day, Year (County) (State) Haur am. factory, street, office bldg., etc.) at wark 19, 66, ta March 2 1967, that \$1) (we) last 21. I certify that N (this haspital) attended the deceased fram\_\_\_\_ Dec. Page 4 may be retained TO FUNERAL DIRECTOR: A March 2 19 67, and that death accurred at 1:20PM from causes and on the date stated above saw the deceased alive on\_ 220 SIGNATURE 226 DATE SIGNED 3/2/67 DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S LOUIS C. BRESCHI. M.D. NAME (Type) VA HOSPIT'I, FORT 23a BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Balto.National Cemetery Baltimore, Maryland Burial RECD BY REGISTRAR MAR 6 1 24. FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE N.Caroline Street VR A15 (4) 25M 1/67 Elliott Funeral Home Baltimore, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH lease, remaye corbon papers. Pages 1 and 3 and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH Baltimore. b. COUNTY o. COUNTY a STATE MARYLAND Maruland c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Baltimore. Baltimore e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) = d STREET ADDRESS and completely filled remaye corbon pape 3315 Ripple Rd. 3315 Ripple NO X Rd. NAME OF Middle DATE Manth First Last Day Year DECEASED IRVIN SPECTOR MARCH 9PM 19 18.1967 (Type or print) remuires that the death certificate be executed AGE (In years 5 SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Manths White Male Aug 25,1892 WIDOWED X DIVORCED 10a USJAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY Clothing COUNTRY? Poland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial-transit permit. Then pl burial, cremation, or remaval, Unknown Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) 217-03-8400 Mrs. Bertrum Kammerman-Same INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s).)
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) nse ta immediate cause (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES ! NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20o ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Nat While foctory, street, office bldg., etc.) at work at wark 1/20 , 1968 , to 21. I certify that (I) (this haspital) attended the deceased fram\_ /<- 19.62, that (I) (we) las 18 19 167 and that death accurred at 918PM, from couses and an the date stated above saw the deceased alive an\_ 22a SIGNATURE M.D DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S TO FUNERAL NAME (Type) Dr. Leonard Golombeck 7039 Liberty Rd. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) (State) 23a BURIA, CREMATION Baltimore. 3/20/67 Beth Thiloh Cong. 25g RECD BY REGISTRAR 24 FUNERAL DIRECTOR & BROS INC. 6010 Reist Rd. DMAR 2 2





And I	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE	03360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03352					
HEA(TH DEPT.	1) PLACE OF DEATH O. COUNTY BALTIMORE  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission on STATE of COUNTY BALTIMORE)  MARYLAND  MARYLAND  1 PLACE OF DEATH O. COUNTY BALTIMORE					
T, 2, and m PM3 m PM3 beportmrs after	b CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)  write RURAL and give negrest town)  3985.  d NAME OF HOSPITAL OR INSTITL TION (if not in hospital, give street address)  d STREET ADDRESS  ON A F					
death I death for with far	3. NAME OF First Middle Lost 4 DATE Month Doy YES (Type or print) WILBUR LE ROY SPRECLER DEATH MARCH 6 19	67				
J-ZJ hours after c ltem 18. Give Office a ang v land 2 with th	S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (n years tost bribday) Months Doys Hours  100 JUAL OCCUPATION (G ve kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or fore gin country) 12 CITIZEN OF WHAT	M <sub>tr</sub>				
thin 24 Indian 2	THE STATE ST					
<b>3 7 3 3</b>	15 WAS DECEASED EVER N.U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dates of service)  16 SOCIA. SECURITY NO 17 INFORMANT Address // ALLEY ROX  18 WAS DECEASED EVER N.U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dates of service)  19 WAS DECEASED EVER N.U.S. ARMED FORCES?  10 SOCIA. SECURITY NO 17 INFORMANT  Address // ALLEY ROX  ADDRESS //	PD Md				
The Manner of the secure of the word "pending of the Chief Medical of burial-transit permit.	18 CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Coronary Thrombosis  DUE TO  Conditions, if any, which gove  The set of immediate cause (a)  (b)	WEEN DEATH				
certificate , writing th farwarded to used as a t burial, crem	stoting the underlying couse (c)  PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19 WAS AUTO	OPSY				
be u	PREFORM YES   200 EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURRED (Enfer nature of injury in Port I or Port II of stem 18)  CAUSE OF DEATH PORE	NO X				
AMIN b the cur fill aur fill age 3 s	Home	(State)				
- Par Figure Ar I	21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection _x_, Inquiry _x_, and in my death resulted fram: Natural causes _X, Accident, Suicide, Homicide, Undetermined manner	apınıan				
UTY MEDT.  Dry, please e prerdained be retained RECT and DIRECT arrists design of its design of the control of	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT					
TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health ar i	230 BUR AL, CREMAT ON, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Jown) (County) (S	stote)				
VR A15ME (5) 6M 1/66	24 June 1 3 / 9 / 67 Wargum Memorial Desdero Fints from March 1 250 REC D BY REG STRANG 250 MEDITARY SERVICES AND AND STRANGE					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03361 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the ottending physician and campletety filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 and n. COUNTY COUNTY papers Pages I in 72 hours after Daltimor Q MARYLAND b CITY OR TOWN (If autside carparate I mits. CLENGTH OF STAY IN 16 CCITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RJRAL and a ve negrest tawn) CURS d STREET ADDRESS e & RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 11/1 YES NO 🛚 eveniewithin NAME OF DATE Middle Last Year DECEASED OF DEATH 19 6 ULKES (Type or print) S SEX 6. COLOR OR WACI AGE IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH (In years birthday) last Months Days Haurs DIVORCED and in ony WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1 NBIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? US A during most of working life, even if retired) INDUSTRY Mary 940 House wife 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removal, 15 WAS DECEASED EVER IN ... ARMED FORCES? 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial, cremat burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital ar ottending physician. DUE TO sancreas, mesentere Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying cause use as the l O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION director, page 3 should be detached for use should be filed with the State Dept. af Health NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) 20g ACC DENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m factory, street, office bldg., etc.) Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram. . 19.66, ta. 1967, that (1) (we) last M. fram causes and an the date stated above 1967, and that death accurred at saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF (State) (County)/ REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRES! 2Sa. REOD BY REGISTRAR VR A15 (4)



CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town), d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION .⊑ NAME OF Middle 4. DATE OF DECEASED death DEATH oges (Type or print) 9. AGE (In years SEX 7. MARRIED ☐ NEVER MARRIED ☐ lost birthdoy) WIDOWED ID-DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR® (11. BIRTHPLACE (State or foreign country) during most of working life, eyen if retired) 13. FATHER'S NAME 17 INFORMANT 16 SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per sine for (o), (b), and (c) 1 PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (at Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Hour g. m. While of work atwork p m. 21 I certify that (1) (this hospital) attended the deceased from 6 -/ - 6 6 And that death occurred of 3 M, from the couses and on the dote stated above. sow the deceased alive on 220 SIGNATURE ATTENDING MED DIRECTOR PHYS 22c PHYSICIAN'S 22d. ADDRESS noy be r FUNER 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BÚRIAL, CREMATION, REMOVAL (Specify) ADDRESS 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) IS RESIDENCE YES 🔲 NO 🔽 Year 196 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND/DEATH WAS AUTOPSY PERFORMED? YES | NO D (County) (State)

-6 / 19 .... that (I) (we) lost

22b DATE SIGNED

23d. LOCATION (City, town, or county) (State)

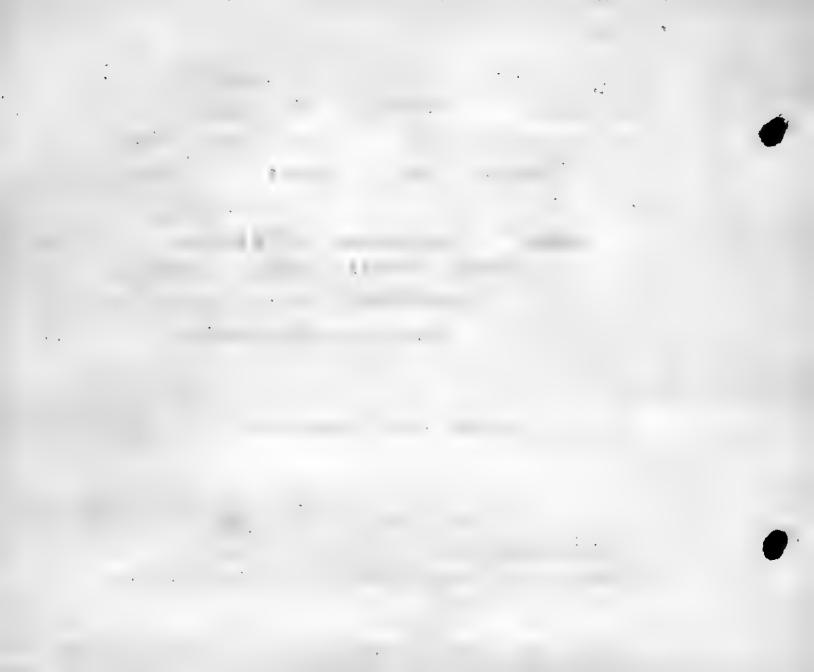
VR A1S (4) 15M 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03355 CERTIFICATE OF DEATH 03363 The law requires that the death certificate be executed within 24 haurs after death lease remave cardon papers. Pages I and a and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and PLACE OF DEATH **b** COUNTY o. COUNTY o SMaryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (if outside corporate limits r LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO. 4. DATE NAME OF Middle Lost Month Doy Year the attending physician and campletely sit permit. Then please remave caraon DECEASED 31 67 March 10 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED last birthdoy) Manths WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working I te, even if retired) COUNTRY? INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fulmer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) None No crematian, INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I, DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. 4001 DUE TO burial, Canditions, if any, which gove use to immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept. of Health prior to last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO E 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot wark at work 22b. DATE SIGNED 22a. SIGNATURE ewland E. Day M.O. DIRECTOR directar, page 3 should be filed v PHYS 22c. PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR' 23a. BURIAL, CREMATION REMOVAL (Specify) Gracelawn Mem. Park Cemetery Wilmington, Del. BY REGISTRAR 256 REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

1	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE\//	03364 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03356	
HEALTH DEPT.	1. PLACE OF BEATH  8. COUNTY  9. STATE  1. OCUNTY  1. PLACE OF BEATH  9. COUNTY  1. STATE	ilssion)
m + ·	RALTIMONE MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND	J
the funeral of the funeral ie 5 may be bepartment after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest write RURAL and give nearest town)	town)
part fer d	d. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital, give street address) d. STREET ADDRESS   e. IS RESIL	DENCE
elay is necessary d 3 to the funeral Page 5 may be State Department nours after death.	Gravetone Road ONA FA	RM?
nd 3 to Page State hours	3. NAME OF First Middle Last 1.4. DATE Month Day Year	10 1271
25 \ 33 a	(Type or print) I CAN /1-EW 15 27/E1 PET   DEATH /2 A.1: 21 196	7
fir. If a form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   IF UNDER 1 YEAR   I	Ž4 HRS. Min.
Heath Pag th f	10a. USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR   11, BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT	
ter deal Give Pag g with 1 and 1	during most of working life, even if retired industry Maryland Country? US	SA
ours after 18. Give a signing pages 1 in any	13. FATHER'S NAME	
14 hour ltem Office parties pa	George Stielper Wilhelmena Schilp	
1, 24 in 1 in 1 in 1 in 1 in 1 in 1 in 1 in 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) No 21/4-12-4701 Ifrs. Mary T. Stielper (Same)	
f within 2 pencil in miner's 0 permit. I removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	WEEN
xamin por reference	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  CO. TOTALLI RELEASE ONSET AND DE	EATH
uld be executed 1 "pending" in 15 Medical Exar a burial-transit cremation, or	4301 DUE TO	
e ex edic edic mati	Conditions, if any, which gave rise to immediate	
ef W a bu	cause (a), stating the DUE TO	
sho chi chi urial	VI V	OPSY
ficate shorther work or the Chiral used as to burial,	YES N	NO 22-
EXAMINER: This certificate should be executed within 24 hours after death. If e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with formiles.  18. Page 3 should be used as a burial-transit permit. File pages 1 and 4 with signated agent, prior to burial, cremation, or removal, and in any event within	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORM YES N  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Pert 11 of Item 18.) CAUSE OF DEATH.	
This wr ward ward houl	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (St	tate)
cate cate for a for a age	20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work at work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	
the certificates the certificates the certificates the should be in files. COOR: Page designated the coordinates the certificates the certific	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Z inquiry, and in my or	pinion
EXA lifes, files, on the control of	death resulted from: Natural causes 🔼, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗍	
ute the spour your lits do its do	ACTUAL AC	IGNED
Y MEDIG execute Page I for you	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUT	/
DEPUTY MEDICAL EXA lease execute the circetor. Page 4 should estained for your files. FUNERAL DIRECTOR:	NAME (Type) A. M. FRANCE Address (Street, city, town, or county) FRANCE	
TO DEPUTY please e; director, retained fro Funera of Health	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Standard Burial 23d. Location (city, town or county) Burial 23d. Location (city, town or county) Baltimore, Md.	ite)
- 6	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15ME X 3500 4-64	Leonard J. Ruck, Inc. Balto. Md. 21214 DATMAR 2 3 1967 YCharles Yudge	<u> </u>



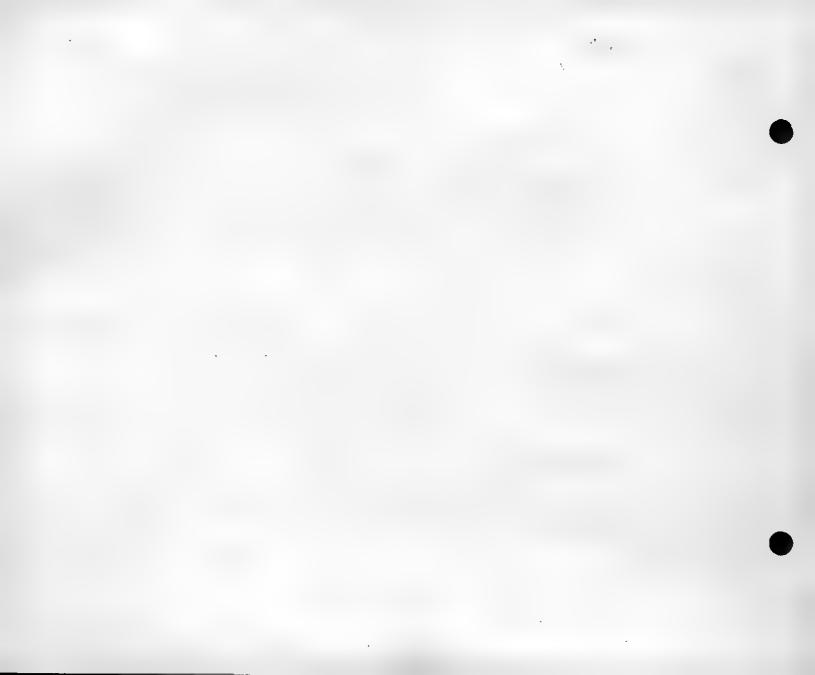


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03366 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission Baltimore Maryland b COUNTY MARYLAND CITY OR TOWN (If autside carporate imits, write RURAL and que nearest tawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) Baltimore 21212 Towson B IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 402 Radnor KXX. Rd. St. Joseph Hospital NO D 3 NAME OF Middle 4 DATE First Lost Month Year Doy DECEASED (Type or print) Sena Stone March 1. 67 Mabel 19 जिल्ला अर्थेर DEATH AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED tast birthday) Months Days Hours WIDOWED DIVORCED 1/10/86 White Female 12 CITIZEN OF WHAT 10a USEAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during mast at warking life, even if retired) INDLSTRY COUNTRY? physician c ne≡ please , gud Housewife
13 FATHERS NAME Maryland Own Home TISA 14. MOTHER S MAIDEN NAME Mary Ann Griffin William N. Pearce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service No 215-32-65178 Luther B. Stone Above 18. CAUSE OF DEATH (Enter only one couse per The for (o), (b), and (c),
Diabetes Mellitus INTERVAL BETWEEN burial-transit ONSET AND DEATH PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 2 WCX DUE TO Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use Gangrene of the toe (great) right foot NO X 20a. ACC, DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Haur a.m. Nat While at work at work 21. I certify that 4) (this hospital) attended the deceased from 2/21 19.67 to 3/1 , 19 67, that (A) (we) last 167 19 67, and that death occurred at 3:28M, from causes and on the date stated above. saw the deceased alive on\_ 22b. OATE SIGNED 22a, SIGNATURE ATTENOING 3-1-67 DIRECTOR PHYS. 22d ADORESS 7620 York Road, Baltimore, Md. 21204 NAME (Type) Eduardo Canilang. M.D. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23g. BURIAL CREMATION REMOVAL (Specify)
Burial St. Marys Episcopal Baltimore 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) & Sons Co. 4905 York Rd. Baltana 20 M 1/66



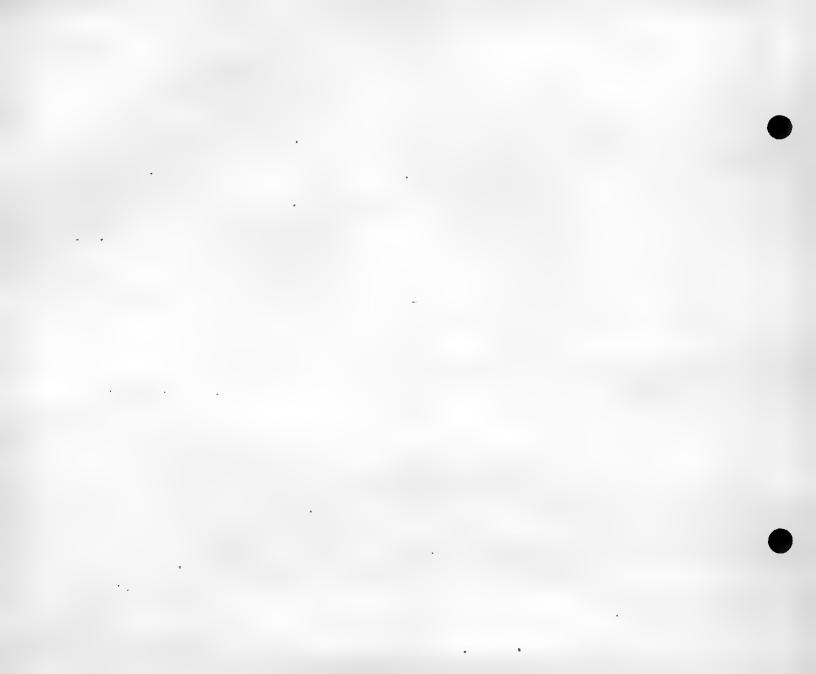
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03367 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY a. STATE **b** COUNTY Maruland Baltimore MARYIAND within 24 haurs after b CITY OR TOWN (If autside carparate (mits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1h c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Raltimore Pikesville d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) , and in any event, within 72 Milkord Manor Nursing Home 3801 Laburinth Road NO NAME OF DECEASED Middle las! DATE Month Day Year OF DEATH FUNDER I YEAR | IF UNDER 24 HRS (Type or print) ELIZABETH STRAUS March requires that the death certificate be executed S SEX 6 COLOR OR RACE **NEVER MARRIED** B. DATE OF BIRTH AGE (In years 7. MARRIED last birthday) Manths Days Haurs X WIDOWED DIVORCED Female 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician a sen please At Home COUNTRY? during most of working life, even if retired) Milwaukee, Wisconsin
14 MOTHER'S MAIDEN NAME Housewife 13 FATHER'S NAME byrial, crematian, ar remaval Jennie Richenbaum Abraham Fredman IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dotes af service) No No Mrs. Miriam Selznick. 3801 Laburinth Road INTERVAL RETWEEN 1B. CAUSE OF DEATH (Enter on y one cause per line for (a)-(b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying cause has been detached for use as the te Dept. af Health priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) MEDICAL CERTIFICATION YES 🗔 NO certificate 20g ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (City ar town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While **DIRECTOR:** After tige 3 shauld be di 19 at wark at work 21 I certify that (1) (this haspital) attended the deceased from \_ that (I) (we) las and that death accurred at 44 PM, fram causes and an the date stated above saw the deceased alive an 19 6 22b DATE SIGNED 22a. SIGNATURE ATTENDING M.D DIRECTOR director, page 3 should be filed 22d ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Dr. Milton Kirsch 4000 W. Northern Parkway 230 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Milwaukee. Wisconsin Springhill ADDRESS 2 Burial 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) col Levinson & Bros. Inc., 6010 Reist., Rd. 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03368 CERTIFICATE OF DEATH remuires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If autside corparate limits, C. LENGTH OF STAY IN 15 completely filled in by the CITY OR TOWN (If potalde comparate limits, write RURAL and give negrest town) write RURA, and give nearest tawn erells YI d NAME OF HOSPITALIOR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? within asonic YES [] NO Z NAME OF First Middle DATE Month Year Dov DECEASED OF DEATH (Type or print) 196 SEX 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS remare last birthday Months Days Hours and in any DIVORCED WIDOWED and 10b. KIND OF BUSINESS OR 12. CIT ZEN OF WHAT COUNTRY? U. please during most of working life, even if retired) MOYE 13 FATHER'S NAME 14 MOTHER'S MAIDEN removal, 16. SOCIAL SECURITY NO INFORMANI Address (Yes, no. or unknown) (If yes give war or dates of service) 5 CAUSE OF DEATH (Enter only one cause per line for (a). INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTÖPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use rate Dept. af Health p YES NO 20a ACC DENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Not While at wark 2). I certify that (!) (this hospital) attended the deceased from August 30 1967 that (I) (we) last RAM, fram causes and on the date stoted obove. and that death occurred of saw the deceased alive on Mat 22n. SIGNATURE 22b DATE SIGNED **ATTENDING** M.D PHYS. DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY OCATION (City or Town) (County) REMOVAL (Specify)
Burial Loudon, Baltimore 4-1-67 24. HMERAL ORBOR-Brooks Towson, **ADDRESS** 250. REC'D BY REGISTRAR Towson, Md. 21204 Charles VR A15 (4) 20 M 1/66 1967

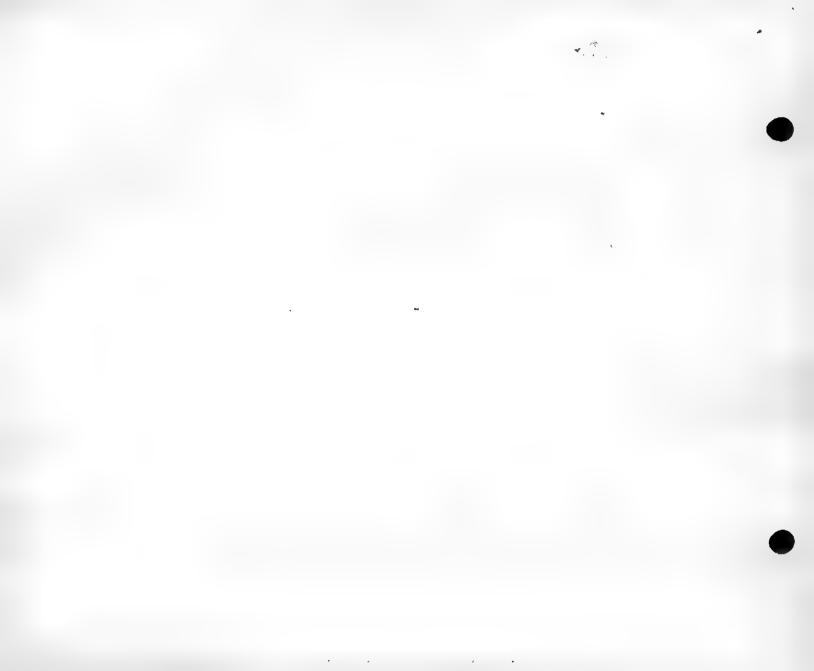




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3370 CERTIFICATE OF DEATH funeral and 24 hours after dead PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence defore admission) etely filled in by the further than the papers. Pages 1 and the pages 1 and 1 an b. COUNTY Baltimore Maryland Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catons ville 1mth2dvs Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Á. IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSPITAL 6501 Regate Circle NO V YES ig physiciae and completely hen please remove carbon in noval, and in any event, with executed within NAME DE 3. First Middle Last DATE Month Day Year DECFASED (Type or print) Bridget K. Sullivan DEATH March 29 19 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. NEVER MARRIED last birthday) | Months | 28, 1887 Days Hours female whi te May WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be during most of working life, even If retired) INDUSTRY COUNTRY? housewife Ireland S. remoyal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pater KELLY Ellen HOARE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten. The burial-transit permit. or to burial, cremation, or (Yes, no. or unknown) | (If yes give war or dates of service) 073-12-L568D Records: SPRING GRO VE STATE HOSPITAL 18. CAUSE OF DEATH [ Enter only one cause per line for, (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. Conditions, If any, which gave rise to immediate DUE TO (a), stating has be as IIh prior 1 underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 119. for use Health certificate noma NO YES 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certification of Jept. of Jept. OCCURRED, (Enter nature of Injury in Part | or Part |) of Item 18.) WEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, ! (County) (State) det: 20f. (City or town) factory, street, office bldg., etc.) Hour a, m, After Not While NOSPITAL OR ATTENDING Page 4 may be retained by Stat p.m. 19 at work at work the day 1957 Feb. 21. I certify that (this hospital) attended the deceased from OIRECTOR: age 3 should lied with the Z, that (I) (we) last and that death occurred at 4.33 M. from the causes and on the date stated above. saw the deceased\_alive on 22a. SIGNATURE 22b. DATE SIGNED filed ATTENDING STAFF PHYS. DIRECTOR PHYS. O FUNERAL director, lla should be fil PHYSICIAN' 22c. 22d. **ADDRESS** STATE HOSPITAL NAME (Type) Baltimore, Maryland 21
| 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b 23c. CEMETERY OR CREMATORY (State) REMOVAL (Specify) 2 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR VR A 5 (4) 1/65 20M



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
FOR STATE	03371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH				
HEALTH DEPT.	PLACE OF DEATH   2 USUAL RESIDENCE (Where deceosed lived if institution, Residence before admission)   0. STATE   Md.   Balto.				
f cary delocation of the cary delocation of t	Randallstown Randallstown (3)				
arm. S. T. S	Balto. Co. Gen. Hosp. 3820 Cassandra Rd. YES NO X				
0 0/2 FE	3 NAME OF DECEASED (Yupe or print) Solomon Lyon Taks OF DEATH Mar. 19 1967				
haurs after of tem 18. Give Office along with the event with the	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DOCT. 9, 1911 9 AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.				
	100. USUAL DCC_PATION (G ve kind of work done during most of working te, even if retired)  Contractor  10 KIND OF BUSINESS OR  11 BIRTHPLACE (State or foreign country)  12 (IT.ZEN OF WHAT GOLVERY ?A.				
w thin 24 haurs pencil in Item 18 xaminer's Office Ie pages 1 and 2 v	13 FATHER S NAME Phillip Taks 14 MOTHERS MAIDEN NAME Hannah ?				
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 19 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 19 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT 18 SOCIAL SECURITY NO 18 SOCIAL					
MINER: This certificate should be executed within 24 the certificate, writing the ward "pending" in pencil in the certificate, writing the ward "pending" in pencil in titles. In the case of second second is a standard be used as a burial-transit permit. File pages gent, priar to burial, cremation, ar remayal, and in any	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I DEATH WAS CAUSED BY:  HADO!  Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause  IMEDIATE Could be for a couse per line for (o), (b), and (c) interval BETWEEN ONES (AUSE DE COUSE (o) Coronary Artery Disease  DUE TO  INTERVAL BETWEEN ONES (AUSE DE CAUSE (o) Coronary Artery Disease  DUE TO  DUE TO  DUE TO				
this certific ate, writin to farward be used as	Dist   State				
AMINER: The certification of t	200 EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING ID CAUSE OF DEATH  200 TIME OF N.JRY Month, Doy, Yeor Hour o m.  200 TIME OF N.JRY Month, Doy, Yeor While Nor While Foctory, street, office bldg , etc.)  200 EXTERNAL CAUSE WAS PRIMARY ID or Port If of Item 1B )  200 TIME OF N.JRY Month, Doy, Yeor Hour o m.  200 TIME OF N.JRY Month, Doy, Yeor Hour o m.  201 TIME OF N.JRY Month, Doy, Yeor Hour o m.				
it EXAMINER vecute the cer Page 4 shaul for yaur files. OR: Page 3 sha ated agent, p	20c TIME OF N.JRY Month, Doy, Year Hour o m. Pm. none 19 County Office of work				
TO DEPUTY MEDICAL EXAMINER: necessary, please execute the certifithe funeral directar. Page 4 shauld 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld Health ar its designated agent, principles.	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner				
O DEPUTY MEDICAL necessary, please ex- the funeral director. 5 may be retained f 5 FUNERAL DIRECTO Health ar its designs	ACTUAL SIGNATURE 2. 2. DATE SIGNED  ASSISTANT MEDICAL EXAMINER   EXAMINER'S NAME (Type) D. D. Caples, M. D. 6 Hanover Reddress (Reflect Constants), Md.				
TO DEPU necessa the fun 5 may TO FUNE	230. BUR AL CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (County) (Stote)				
VR A15ME (5)	Burial 3/21/67 Mikro Kodesh Beth Israel Baltimore, Marylana 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 256 REGISTRAR 5 SIGNATURE  Sol Levinson & Bros. Inc., 6010 Reist., Rd. 1967 Clarks Judge.				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 13 WAR CERTIFICATE OF DEATH funeral and 2 after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pag hours 24 hours Ξ, BALLIMORE TIMORE ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS IS RESIDENCE ON A FARM? NO Z YES within letely remove carbon 3. NAME OF OECLASEO Middle Last DATE Month OF (Type or print) DEATH 196 6. COLOR OR RACE ACE (In years | IF UNOER 1 YEAR last birthday) | Months | Days DATE OF BIRTH 7. MARRIEO [ NEVER MARRIED any Hours WIDOWED 💢 DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done) = 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please death certificate be during most of working life, even if retired) COUNTRY? 5/4 Housewife Home TTIMORE ᇻ 13. FATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attent transit permit. cremation, or r (Yes, no, or unknown) | (If yes give war or dates of service) -467/31 Mrs. John DeMoss Same CAUSE OF OEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) n signed burial-tra burial, cr DUE TO Conditions, If any, which gave rise to immediate まさ DUE TO (a), stating the prior underlying cause last. CERTIFICATION PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA WAS AUTOPSY for use Health PERFORMEO? certificate NO T YES detached for PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING !" 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While ATTENDING 19 at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 19. 19 DIRECTOR: age 3 should lied with the that (I) (we) last and that death occurred at/450M, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE 22b. OATE SICNEO ATTENOING PHYS. M.D. DIRECTOR O HOSPITAL 22c. PHYSICIAN'S NAME (Type) 22d. AOORESS O FUNERAL director, p BURIAL, CREMATION, 23b. OATE THEREOF 23с. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Baltimore, Loudon Park Maryland FUNERAL DIRECTOR inc. 25a. REC'O BY RECISTRAR | 25b. REGISTRAR'S SICNATURE VR A15 Baltimore. 20 M

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03365 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) BALTIMORE o. COUNTY o. STATE MARYLAND b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by th papers. Pag hin 72 haurs a write RURAL and give nearest town) FORT HOWARD DAYS BALTIMORE d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? within 72 VETERANS ADMINISTRATION HOSPITAL YES NO Ter NAME OF Midd e First Lost DATE Doy Year campletely DECEASED TAYLOR MARCH 67 JOSEPH 19 (Type or pant) DEATH SEX 9. AGE ( n years #F UNDER YFAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH birthday Doys Hours Ony MALE WHITE WIDOWED DIVORCED PII PII The USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. B.RTHP\_ACE (County & State, or foreign country) during most of working life, even if retired)
SPREADER & CULTER CLOTHING MFG. BALTIMORE, MARYLAND CO. 13. FATHER'S NAME (ROMBRO BROS. remayal ABRAHAM TAYLOR attending p MINNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service 212 01 66 66 CLIN.RECORDS. VA HOSPITAL, FT HOWARD. MD. cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH BRONCHOPNEUMONIA IMMEDIATE CAUSE (6) ģ **DUE TO** burial. Conditions, if ony, which gove rise to immediate cause (a). **DUE TO** stoting the underlying couse Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? use HEART DISEASE AND CEREBRAL ARTERIOSCIEROSIS ARTERIOSCLEROTIC NOX this certificate O HOSPITAL OR ATTENDING PHYSICIAN: ₫ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) 20a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While 19 at work L at work 21 | certify that (this haspital) attended the deceased from be retained and that death accurred at 4:35AM ram causes and an the date stated above 3/29/67 TO FUNERAL DIRECTOR: saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS **ADDRESS** 22c. PHYSICIAN'S JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) director 23b DATE THEREOF 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) ANSHE NESTNA MARVIAND 3/30/67 RAITTMORE REC D BY REGISTRAL 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1967 BALTIMORE, MARYIANI



busyment to " him you Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03374 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death gud carbon papers. Pages 1 and 'ent, within 72 hours after death ) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Baltimore MARYLAND Maryland signed by the attending physician and campletely filled in by the t burial-transit permit. Then please remave <u>carb</u>on papers. Pages b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Baltimore 21212 Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B. IS RESIDENCE ON A FARM? St. Joseph Hospital 6625 Loch Raven Blvd. YES NO 3. NAME OF Middle Esest 4 DATE Last Month DECEASED (Type or print) OF DEATH Taylor Robert Tracey March 20 S SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 9. AGE (In years 7. MARRIED east birthday) Months Days Hours March 20, 1967 in any Male White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Towson, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Insley, Raymond Tracey, Kathleen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If was give war or dates of service) IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Immaturity IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gove rise to immediate cause (o). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been sdirector, page 3 shauld be detached far use as the I shauld be filed with the State Dept. of Health priar to be last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20a ACCIDENT WAS JNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) Not While at wark 21. I certify that 10 (this haspital) attended the deceased from March 20, 1967, to March 20, 1967, that 10 (we) last saw the deceased alive an March 20, 1967, and that death accurred at 9 A.M., from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. March 20, 1967 M.D. 22c. PHYSICIAN S 22d, ADDRESS Jose Aguto, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Loudon Park Com. Baltimore, Md. 3-22-67 Burial 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE D. - 4101 Edmondson Ave. VR A15 (4) 20 M 1/66

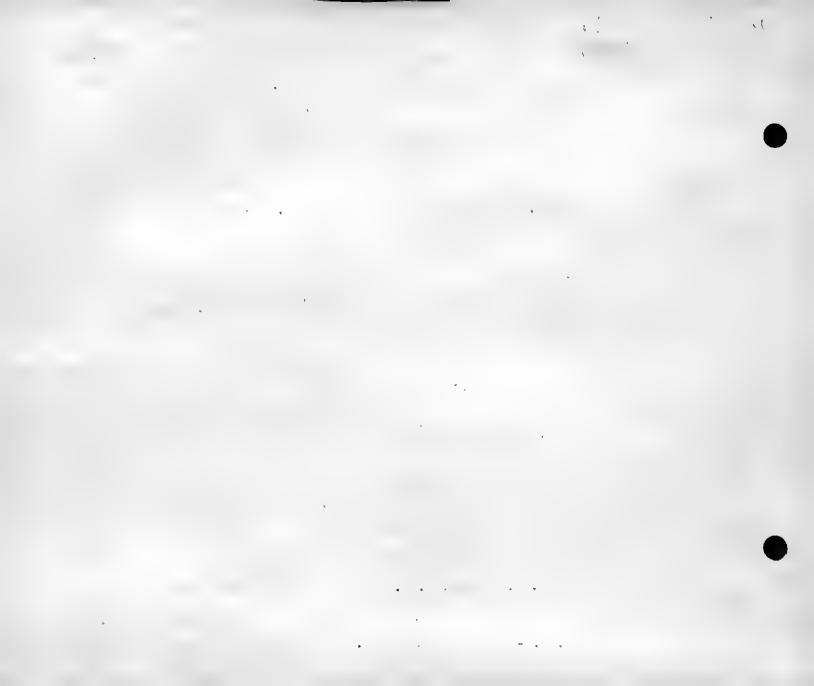
MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03376 The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEAT b. COUNTY MARYLAND Ball to more b. CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town)

\*\*Etcl:SVille\*\* c CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town) CLENGTH OF STAY IN 15 603 Wildwood Parkway - Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? papers Summit Nursing Home 603 Wildwood Parkway wuthin YES NO T 3. NAME OF 4. DATE completely DECEASED (Type or print) March Margaret Ann 13 Tipman 19 9 AGE (in years lost birthdoy) 82 yrs SEX IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED Hours H Cauc. Jan. 15. 1885 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Housewife Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Fethe Margaret Bardroff INFORMANT Katherine Denbo IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO burial, cremation, or Woodlawn Dr. - 21207 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), appd (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO storing the underlying couse hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT-NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? O HOSPITAL OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter notute of injury in Port I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour to m. Not While foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After of work of work 21. I certify that (1) (this haspital) attended the deceased fram \_\_\_\_\_\_\_ M, from causes and an the date stated above saw the deceased alive an and that death accurred at J 220. SIGNATURE 22b DATE SIGNED director, page 3 should be filed v MD DIRECTOR PHYS 22c PHYSICIAN S 22d ADDRESS 3326 Frederick Avenue NAME (Type) D. P. Alagia 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION, (Stote) (County) REMOVAL (Specify) 3-16-67 Baltimore, Loudon Park Cem. Burial 2So REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE D. - 4101 Edmondson Ave. VR A15 (4) 25M 1/67



## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03377 **CERTIFICA** PLACE OF DEATH o. COUNTY Baltimore bon popers. Pages N within 72 hours ofter MARYLAND b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) completely fulled in Armacost Nursing Home 3 NAME OF earbon Middle DECEASED ELIZABETH event (Type or print) S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** remove signed by the attending physicion and co burial-transit permit. Then please remo burial, cremotion, or removal, and in any female white WIDOWED XX DIVORCED 10b. KIND OF BUSINESS OR TGo USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Home 13. FATHER'S NAME

CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) )

DUE TO

DUE TO

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED

IMMEDIATE CAUSE (a)

FICATE	OF	DEATH					n	334	39	
		AL RESIDENCE (	Where dec	eosed live			Reside	nce befor	e odmissio	n)
YLAND	0.5	Mary	land		b. COU	NTY	Ва	alti	nore	
IN 16	c CITY	OR TOWN (If or	itside corp	orote limit	s, write RUI	RAL	ond giv	re neores	st town)	
	Val	ley Vie	w Apt	ts.	Tows	10	1			
		eet address 36 Greet	nway	Terr	ace				e IS RESID ON A FA YES	
						Doy	Doy Year			
TIP	I'ON		OF DEA	H Mar	ch 17		196	57	19	
D   B	DATE	OF BIRTH		9 AGE	In years				IF UNDER	
	Aug.	25, 18	8 <b>6</b>		oirthdoy) O yrs	N	lonths	Doys	Hours	Min.
		RTHPLACE (County		r foreign co	untry)	-		TIZEN O		-
						OUNTRY?	U.S.A.			
		THER S MAIDEN								
		Elizab	eth	Morr	is					
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Jol	hn H	. Hisse	y, 13	311 F	ideli	t;	y B1	ldg.	, Bal	to.
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LATED TO T	HE TERM	INAL DISEASE COI	NDITION G	IVEN IN P	ART 1(o)	_		19.	WAS ALTO	PSY
								Υ	PERFORMI ES	NO V
CCURRED (	Enter no	ture of injury in	Port I or	Port II of i	tem 18.)					
		IURY (Home, form t, office bldg., etc.	)		or town)		1	ounty)		Stote)
fram	14	wy	939	ta_	7 /4	Ź	19	6/1	nat (I) N	we) la
	death	accurred at	10	M, fran	ที่ causes	an	d on t	the dat	e stated	abav

20c. TIME OF INJURY Month, Day, Year Hour o.m. 21. I certify that (I) (this haspital) saw the deceased alive on

William Barrett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service)

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (o),

stoting the underlying couse

200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

last.

attended the deceased from

20d. INJURY OCCURRED

20b. DESCRIBE HOW INJURY OCCURRE

Not While

16. SOCIAL SECURITY NO

PHYS

22d.

220 SIGNATURE

ADDRESS

DIRFCTOR

PHYS.

6701 York Road, Baltimore, Maryland

22b. DATE SIGNED

March 20, 1967

(Stote)

23o	BURIAL, CREMATION	, 231
	REMOVAL (Specify)	
Rι	irial	Ma

22c. PHYSICIAN'S NAME (Type)

b. DATE THEREOF

23c NAME OF CEMETERY DRESHEMATORY Arlington National

2So. REC D BY REGISTRAR

23d. LOCATION (City or Town) (County) Arlington, Virginia

1967 24. FUNERAL DIRECTOR
Wm. Cook-Brooks Towson, 1050 York Road Towson, Maryland 21204

Charles H. Reier, M.D.

24 hours ofter

law requires that the death certificate be executed within

or attending

UNERAL DIRECTOR: After this certificate has been

be retoined

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director, page 3 should should be filed with the

etoched for use as the Dept. of Health prior to



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore Marvland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) emove carbon papers. Pag Towson Towson .= e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Carolina Road 1102 Carolina Road NO S YES etely executed within NAME OF albblM Last DATE Day DECEASED remove cart Peter W Traynor Sr. DEATH 67 (Type or print) March 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED TO NEVER MARRIED last birthday) | Months | Days Hours /8 83 0 /1 883 WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician in please ro 11. BIRTHPLACE (County & State, or foreign country) 5 certificate be **COUNTRY?** during most of working life, even if retired) Retired-Engineer Electrical Kansas removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME ed by the attending phy-transit permit. Then p., cremation, or removal, John H. Traynor Elizabeth Willoughby 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I (Yes, no. or unknwn) (If yes give war or dates of service) death Same Mrs.Ella D. Travnor Nο INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit in or to burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO The law requires Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating the prior underlying cause last. certificate has (c) SB 19. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use for use Health PERFORMED? NO E YES [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: detached for the Dept. of the CAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de State Hour a.m. MEDI Not While TENDING at work et work be retained 21. I certify that (I) (this hospital) attended the deceased from 196 and that death occurred at 2 4M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE Page 4 may be 10 FUNERAL DIRE director, page 3 should be filed w ATTENDING DIRECTOR M.D. PHYS. PHYS. PHYSICIAN'S 22d. ADDRESS 22c. Pentridge Road NAME (Type) Spier 1501 Allan A. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23h. DATE THEREOF 23d. REMOVAL (Specify) 2 Hillcrest Burial Buria. Park Cumberland. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS York Sons Co. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03379 CERTIFICATE OF DEATH 03371 The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b COUNTY, MARYLAND TOWN (If autside carparate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) filled in 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? NAME OF Middle DATE Veac DECEASED (Type or print) 196/ DEATH 6 COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED 9 AGE (In years IF UNDER 24 HRS Manths Hours WIDOWED DIVORCED signed by the attending physician and burial-tronsit permit. Then please ren burial, crematian, or removal, and in on 10b. KIND OF BUSINESS OR IDa. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? NONE 13. FATHER S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) If If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY NEUMACOCCAL PERICARDITIS IMMEDIATE CAUSE (a) HEMORRHAGA Canditians, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying cause De detached for use as the State Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PUEUM OCOCCAL ARTHEMS 2Da ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, form (City or town) (Caunity) (State) Hour 'a.m. factory, street, affice bldg., etc.) Wh.le Nat While at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram Thank 14 th, 1967, to Thank 18, 1967, that (I) (we) last saw the deceased alive an Thank 18, 1967, and that death accurred at 3 40 M, from causes and an the date stated above. Page 4 may be retained director, page 3 should should be filed with the 220 SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS O HOSPITAL NAME (Type) M - 1. 23a BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Baltimore, Mt. Olivet Maryland 24 FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REGISTRAR 2Sb -Wiedefeld Home 6500 York



n = 1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MADVI AND
= = = =	03380 CERTIFICATE OF DEATH	03372
death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution	: Residence before admission
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	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	AL and give nearest town
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24 hi filled papers in 72 l	Mount Wilson State Hospital 2608 Mountan Road	ON A FARM?
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the ation	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
五 . AS 5	PART 1. DEATH WAS CAUSED BY. A CUTE COLKESTIVE HEART FAILURE	ONSET AND DEATH
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certificate hed for use t. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 ( 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item (If Either, Notify Medical Examiner)	YES NO
ndspir is certi tached ept. of	DR CONTRIBUTING TO CAUSE OF DEATH    CIFETHER, NOTIFY MEDICAL EXAMINER)	10./
this etacl Dep	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town)	county) (State)
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etained STOR: A should ith the S	21. I certify that (i) (this hospital) attended the deceased from March 16, 1967, to March 21, 19	67, that (1) (we) las
ccro s sho	saw the deceased alive on Marth 2/ 1947, and that death occurred at 10 12. M, from the causes and on 223, SIGNATURE	the date stated above DATE SIGNED
L DIRECT page 3 sh filed with	M.O. PHYS. DIRECTOR STAFF PHYS.	3/22/67 _
ERAL I	Wm. New Comer, M.D., Superintendent Mount Wilson, Maryland	( /
Page 4 may TO FUNERAL director, pa should be fil	230 BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or	
15 P. V.	REMOVAL (Specify) 3/25/67 BOHEMIAN NATIONAL BALTIMON	RE MA
K	724. FUNERAL DIRECTOR / ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
OM 1/65	DIPPEL BROS INC 7110 BELAIR RD OMAK BY 1967 I Glean	es Judge
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7 1	1		MARYLAND STATE DEP EARCH AND RECORDS, 301	ARTMENT OF HEALTH W. PRESTON STREET, BALTIMO	DRE, MARYLAND 21201
- (NA)		03381	CERTIFICATE	OF DEATH	03373
for death	E	PLACE OF DEATH a COUNTY Baltimore County	MARYLAND	O. STATE Mary Carro	lived, if institut on Residence before admission)  L b COUNTY   Back +
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n 24 h		lount Wilson State Ho	li li	714 Green 10	e is residence on a farm? YES \( \) NO \( \)
xecuted within 24 hours at Completely filled in by the never carbon papers. Page ny eyeaf, within 72 hours a	3.	NAME OF DECEASED (Type or print)  (Type or print)	ur Swits		Month Day Year  March 12 AF 67  GE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
be executed v n and complete se remove carl		USUA, OCCUPATION (Give kind of work done ing masted work ng lite, even if retired)	/ /	11. BIRTHPLACE (County & State, or foreig	ast birthday) Months Days Hours Min  Yrs  12 CITIZEN OF WHAT  COUNTRY 2
certificate be ex g physician and hen please rem naval, and in an	13.	FATHER'S NAME  William William	Country CO:	14 MOTHER'S MAIDEN NAME  Havy Shice	111
e death o attending bermit. T an, ar ren		s, na, or unknown) (If yes give war or dates at service)	12-10-37.54 Rec	ords, Mount Wil	Address   son State Hospital   INTERVAL BETWEEN
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the haspital or attending physician. This certificate has been signed by the attending physician and completely filled in by the full etached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 unestable of the priar to burial, crematian, ar remaval, and in any eyest, within 72 hours after death.		PB. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave )	lanite Hec	noptysis	ONSET AND DEATH TO CREATE
ician: The law requipited or attending phypital or attending phyritificate has been sign of far use as the bur af Health priar ta bur		rise to immediate cause (o), stating the underlying couse last.	mexistano		12-4 am
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DING PHYS by the has Viter this ce be detache State Dept	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur a.m. 19 at wo	e Nat While foctor	OF INJURY (Hame, farm, 20f. (Cry, street, affice bldg., etc.)	ity ar town) (County) (State)
ENDIN ed by t: Affer id be he Sfai		21. I certify that (I) (this haspital) atters saw the deceased alive on3	nded the deceased from	3-3-6,39, ta_	rom causes and an the date stated abave
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept af Health priar ta		22a. SIGNATURE  MUNTCHMEN	M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.   22b. DATE SIGNED  2-11-e)
PITAL may ERAL i		Wm. Namb Vewcomer M.D.	Superintenden	22d. ADDRESS t Mount Wilson.	Maryland
TO HOSPITAL Page 4 may TO FUNERAL I director, page, shauld be file	230	REMOVAL (Specify)  REMOVAL (Specify)  March 15,196	NAME OF CEMETERY OR CE	idoclembo Mi	ION (City or Tawn) (County) (State)
VR A15 (4) 20 M 1/66	1/2	FUNERAL DIRECTOR	Reformed - 9-	DATE DATE	967 256 PEGASPAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 haurs after death and 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission o. COUNTY MARYLAND (If outside corporate limits, CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) HTCNSVILLE filled in by ve carbon papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 6 NEWBUI YES NO NAME OF 4. DATE Lost Year and completely DECEASED OF DEATH (Type or print) 196 DATE OF BIRTH AGE (In years lest hirthdoy) IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** Doys Hours and in any DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME INFORMAN1 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no. or unknown) At ves give wor or dotes of service ь crematian, 18. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN signed by the PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) be retained by the hospital ar attending physician. DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been ed for use as the af Health priar to last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) WAS AUTOPS PERFORMED? NO this certificate 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram and that douth accurred an 15 A.M. fram/causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED DIRECTOR PHYS PHYS ADDRESS 22c PHYSICIAN'S NAME (Type) director, shauld be DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL, CREMATION. (County) REMOVAL (Specify) REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceosed lived, if institution Resident Marieston) b. COUNTY b. COUNTY funeral PLACE OF DEATH and o. COUNTY BALTIMORE MARYLAND BALTIMORE b CITY OR TOWN (If outside corporate I mits. C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town! 20 OW INC. C d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress), d STREET ADDRESS S RESIDENC ON A FARM? GREATER BALTIMORE MEDICAL CENTRE BOX299 NO IX corbon NAME OF Midde First 1 ost 4. DATE Month Doy Year DECEASED OF DEATH GEORGE VANDERVEER GLOVER MARCH 196 IF UNDER I YEAR IF LINDER 24 HRS 6 COLOR OR RACE AGE (In veors 7 MARRIED NEVER MARRIED B. DATE OF BIRTH гетлоче Months rest pirthdey) Dovs Hours WIDOWED DIVORCED burial, cremation, or removal, and in any 106 KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? LONG ISLAND EXECUTIVE 13. FATHER S NAME 14. MOTHER S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service MRS-MIRIAM B 7-1007 VANDERVEER 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove {b} rise to immediate cause (a), DUE TO stoting the underlying couse os the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? has NO DO certificate 200 ACCIDENT WAS UNDERLYING TO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 1 of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour om. Not White factory, street, office bldg, etc.) at work ot work Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram March 20, 19 67 that (1) (we) last director, page 3 should should be filed with the 1967, and that death accurred at 11.05PM, from causes and an the date stated above saw the deceased alive an March 21 O FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED STAFF PHYS. DIRECTOR 22d ADDRESS PHYSICIAN S O HOSPITAL NAME (Type) RECOR. 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 230 BURIAL CREMATION. 23d LOCATION (City or Town) (Stote) Cremation Greenmount Baltimore. Md 250. RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 4905 York Rd. Sons Co. DATE Balto.12.



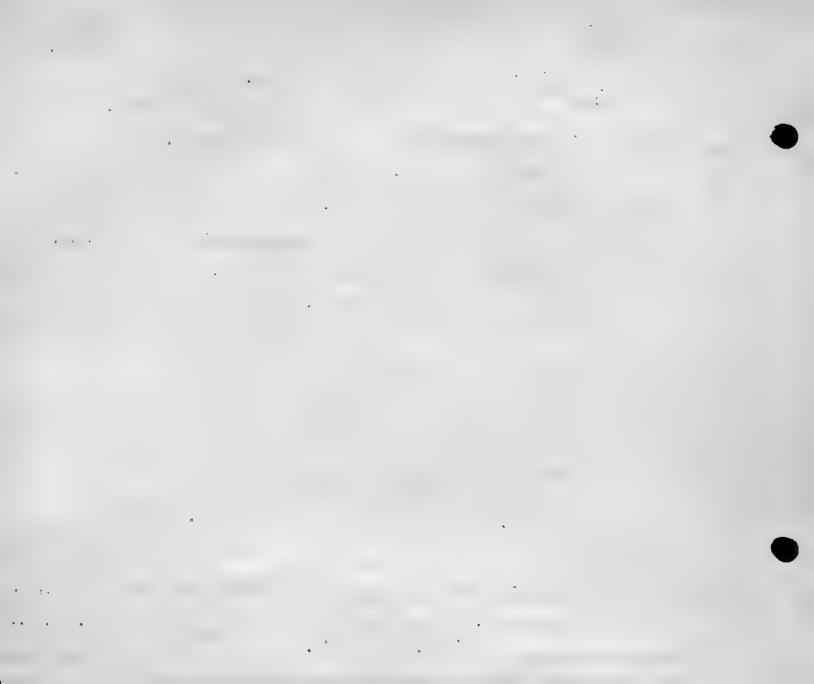
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Baltimore o COUNTY Baltimore Maryland MARYLAND c (ITY OR TOWN ( f outside corporate imits write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate I m ts. c LENGTH OF STAY N 1b write RURAL and give nearest town) Baltimore 21204 d NAME OF HOSP TAL OR INSTITUTION ( f not in hosp to, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? form 809 Shelley Road St. Joseph's Hospital n Item 18. Give Pages NO X INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the word "pending" in pencl in Item 18. Give Pag should be farwarded to the Ch ef Medical Exam ner's Office alang with 3 NAME OF First Middle 4 DATE Month Year DECEASED WILLIAM JOSEPH VERRIER. 27. 967. March (Type or print) DEATH IF UNDER YEAR S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS lost pirthdoy) Months Hours White Male Nov. 6. 1902. DIVORCED 50 WIDOWED in any event within 72 haurs after death 1] BIRTHPLACE (State or foreign country) 100 LSJAL OCCUPATION (Give kind of work done 106 KIND OF BUS NESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Balto. County COUNTRY? Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucinda Gauthier Joseph Verrie Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no prunknown) (Fyes give wor or dates of service) Mrs. Mary Sabella 215-12-3308 (Same) 1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEAD IMMEDIATE CAUSE (o) DHE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stoting the underlying couse remayal, and 19 WAS AUTOPS PART .I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN .N PART .(o) PERFORMED YES IS NO 20a EXTERNA. CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Po 1 l or Port II of tem 18) CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (home, form, (City or town) (County) (Stote) 20c T.ME OF Now RY Month, Doy, Year Hour om. While foctory, street, office bldg., etc.) Not While of work at work 21. I certify that I took charge of the remains described above held on Autopsy Inspection 1. and in my opinion death resulted-from Natural couses Accident Suic de Undetermined monner Homic de CHIEF MEDICAL EXAM NER 12. DAYE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Address (Street, city, town or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 0 Greenmount Crematory REMOVAL (Spec fy) Baltimore. 25b REGISTRAR S S GNATURE ADDRESS 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (F Leonard J. Ruck. Inc. Balto. Md. 21214 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03386CERTIFICATE OF DEATH gud PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY filled in by papers. Pages in 72 hours after d **o** STATE b COUNTY BALTIMORE MARYLAND MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If autside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 63 DAYS BALTIMORE - 21217 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE within 72 filled ON A FARM? 585 PRESSTMAN STREET VETERANS ADMINISTRATION HOSPITAL NO A YES NAME OF First Middle Last 4 DATE Month Year DECEASED WADE MARCH 29 67 JAMES (Type or print) 19 in any event, DEATH S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE ( n years 7 MARRIED NEVER MARRIED IF UNDER 24 HRS oirthday) Months Hours MALE NEGRO MIDOWED DIVORCED NOVEMBER 1.1909 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 B RTHPLACE (County & State, or foreign country) during most of working life, even if retired) and COMPANY BALTIMORE, MARYLAND WAREHOUSEMAN 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME remova FLORENCE WASHINGTON HARRY WADE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war or dates of service) ä 218 10 55 80 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. WW YPS cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) NTERVAL BETWEEN signed by the burial-transit PART I DEATH WAS CAUSED BY OWKNOWA BRONCHOGENIC CARCINOMA RIGHT UPPER LOBE IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave (b) ATELECTASIS AND INFARCTION OF RIGHT LOWER LOBE, RT LUNG rise to immediate cause (a). DUE TO stating the underlying cause BRONCHOPNEUMONIA (c) PUTMONARY EDEMA AND CONGESTION OF LEFT LUNG ficate has PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THEFTERM HALD SEASE CONDITION GIVEN IN PART 1(g) 9 WAS AUTOPS PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, form, (City or fawn) (County) (State) MED Haurio,m. factory, street, office bldg., etc.) Nat While of work at work 21 | certify that \$\frac{1}{2}\$ (this hospital) attended the deceased fram 1/25/67 saw the deceased glive on 3/29/67 19 and that death ac from 1/25/67 , 19 to 3/29/67 , 19 , that \*() (we) last and that death accurred at 2:30AM, from causes and an the date stated obave 220 SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF PHYS 3/29/67 X director, page 3 shauld be filed v DIRECTOR M.D 22 PHYS CLAN 22d ADDRESS TO FUNERAL NAME (Type) VAH FORT HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23g SURIAL, CREMATION 23d LOCATION (City or Town) ((ounty) (Stole) REMOVAL (Specify) BALTIMORE'. MARYLAND BALTIMORE NATIONAL 25a REC'D 8Y REGISTRAR



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Э.	SEX	6. COLOR OR RAC	7. MARRIE	NEVER MARRIED	B. DATE OF	F BIRTH	9.	AGE (In yeers lest birthday)	Months Days	_
	Female	White	WIDOWE	D DIVORCED	Aug. 2	2.1889		77 yrs.	Monnia 2072	1.00.
10	a. USUAL OCCUPAT	TION (Give kind of we orking life, even if rel	ork 10b, KI	ND OF BUSINESS OR IN	DUSTRY 11. BIR	THPLACE (Cou.	nty & Stele, or fo	reign country)	12. CITIZEN	OF WHA
	Retire	_		use Work		Czachos	lovakia		TI	S.A.
13	FATHER'S NAME	· ·		ANA MATE		THER'S MAIDEN			. 0.	~+A+
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15	. WAS DECEASED FY	John R		SOCIAL SECURITY NO.I	17. INFORMA	Har	8 ?	Address		
		If yes give weror detes o		January Ho.	ALL ORAL	2004		V-G-01933		
-	No				_John J	. Wallr	ler_	Same		
		•	ne ceuse per li	ne for (e), (b), end (c).	. 11	.12 7	- 11			INTERVAL ONSET AN
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MEDICAL CERTIFI	geve rise to immed [e), stelling the u couse last.  PART II. OTHE  20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJU Hour e.m. p.m.  21. I certify saw the decea 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type  e. BURIAL, CREMAT REMOVAL (Specify Burial	TOBER LINE  In the terms of the	Ditions con  H 20b. DES  R)  Year 20d. I White et work  Ditions con  White et work  Sedle	CRIBE HOW INJURY OC  NJURY OCCURRED 20  K of White of work of the deceased in	PLACE OF INJ fectory, street, that death of M.D. ATTI PHY: 22d.	URY (Home, ferroffice bldg., etc.  ccurred at  ENDING S  ADDRESS  OO W. P	Pert I or Part II  1940 Poly MED. DIRECTOR  23d. LOCAL  7401 G	of item 18.) or town) he causes a STAFF PHYS. TION (City, low	(County)  Ind on the deleter of the county)  Hill Rd	that (I date state)
MEDICAL CERTIFI	geve rise to immed [e), stelling the u ceuse last.  PART II. OTHE  20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY  20e. TIME OF INJU- Hour e.m. p.m.  21. I certify saw the decea 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type	TOBER LINE  In the terms of the	oc) Diffions con  H 20b. DES  Year 20d. I While et work  Diffal) attenue.  Sed1:	CRIBE HOW INJURY OC  NJURY OCCURRED   20  k	PLACE OF INJ fectory, street, that death of M.D. ATTI PHY: 22d.	URY (Home, ferroffice bldg., etc.  ccurred at  ENDING S  ADDRESS  OO W. P  ATORY	Pert I or Part II  1940 Poly MED. DIRECTOR  23d. LOCAL  7401 G	of item 18.) or town) he causes a STAFF PHYS. TION (City, low	(County)	that (I date state)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH F4 Im The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF OFATH 3a timore o STATE i jaru and a COUNTY 5 COUNTY remave carban papers. Pages 1 MARYLAND c CITY OR TOWN (If outside corparate limits, write RURA) and give nearest town) b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 36 write RURAL and give nearest town) Baltimore atonsville the attending physician and campletely filled in sit permit. Then please remave carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 414 Rosecroft Terrace Sum it Jursing trome YES 🔲 NO 3. NAME OF First Kerrdock 4 DATE Month Day Year OF DECEASED (Type or print) / Jalungs CEATH 19 57 iarch 9. AGE ( n years SEX IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH -last birthday) Months June 16 1890 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY U.S.A. andi Lithuanian Tailorina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Thomas Govelis WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Terrace (Yes, no, or unknown) (If yes give war ar dates of service) Daniel Kerdock 402 .. osecroit Revoner INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART 1. OEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by OHE TO Conditions, if any, which gave rise to immediate cause (a). **OUE TO** far use as the b stating the underlying cause WAS AUTOPS' PERFORMEO? PART (I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) with the State Dept. of Health NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Not While at work , 1960, to Morel 3., 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram\_ Move 6 3 1967, and that death accurred at 2 A, M, from causes and an the date stated above saw the deceased alive an\_ 22b. OATE SIGNEO 22n, SIGNATURE M.D. OIRECTOR directar, page 3 should be filed v 22d. ADDRESS 22c PHYSICIAN'S 1101 Maiden Choice Lane #21229 NAME (Type) Stan lev Ankudas. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specity) 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Kenny Inc 1000 Holling St VR A15 (4) 1 20 M 1/66



22o. SIGNATURE

22c. PHYSICIAN S

230. BURIAL CREMATION.

NAME (Type)

20c TIME OF IN. JRY Month, Doy, Year Hour o.m.

saw the deceased alive an\_\_\_

21. I certify that (I) (this haspital) attended the deceased fram

Dr.

ot work

W.E. McGrath 23b DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery 3-11-1967

Baltimore, Maryland 2So REC'D BY REGISTRAR

DIRECTOR

foctory, street, office bldg., etc.)

ATTENDING

and that death accurred a

M D

1303 Frederick Road, Baltd., Md.

23d. LOCATION (City or Town)

STAFF PHYS

(Stote)

that (I) (we) last

FUNERAL DIRECTOR:

director, page 3 shauld be filed

be retained

24 FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Avenue

(County)

M, fram causes and an the date stated above.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03391 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss on) o. COUNTY o STATE PM3. Poge b. COUNTY ₽ the State Deportment of MARYLAND and 3 1 any deloy b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? farm 21207 **Give Poges** YES NO P hours ofter death. lang with 3. NAME OF DATE lost Doy Year DECEASED OF (Type or print) 0 19 67 OYA DEATH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years lost birthdoy) Months Dovs Hours Item 18. Office WIDOWED DIVORCED 3 yrs within 72 hours offendeath TDo USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRIHPLACE (State or foreign country) 12 CITIZEN OF WHAT IND. STRY Ξ, the Chief Medical Exominer's bades ' Choo.L 13. FATHER S NAME This certificate should be executed within pencil 14. MOTHER S MAIDEN NAME .⊑ 15. WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT THE ISCO permit. (Yes, nacoyunknown) (If yes give wor or dates of service) pending" 18. CAUSE OF DEATH (Enter only one couse per ne for (o) INTERVAL BETWEEN ond (c)) **buriol-transit** SONSET AND DEATH PART I. DEATH WAS CAUSED BY in ony event IMMEDIATE CAUSE (6) writing the word DUE TO AMINEN.

the certificate, Writing

in he forwarded to the Conditions, flony, which gove to av rise to immediate couse (a). DUE TO stoting the underlying couse ono los1 be used removal. PART I OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? IFICATION YES NO K 2Do. EXTERNAL CAUSE WAS 2Db DESCRIBE MOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 3 should Ы PRIMARY CONTRIBUTING CONTRIBUTI CAUSE OF DEATH. cremation, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form 2Df (City or fown) (County) Hour o.m. While Not While foctory, street, office bldg., etc.) DIRECTOR: Poge at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry ond in my opinion deoth resulted from-Natural couses 1 Accident Suicide Hom cide Undetermined monner funerol director be retained CHIEF MEDICAL EXAMINER 22 DATE SIGNED ASSISTANT MED CAL EXAM NER prior SIGNATURE FUNERAL TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S TO FUNE NAME (Type) Jam Address (Street, city, town, or county) 230 8 JRIAL CREMATION 23b. DATE THEREO 23d LOCATION (City or Town) (State) (County) REMOVAL (Spegify) OURIAN 24 FUNERAL DIRECTOR RICD BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67

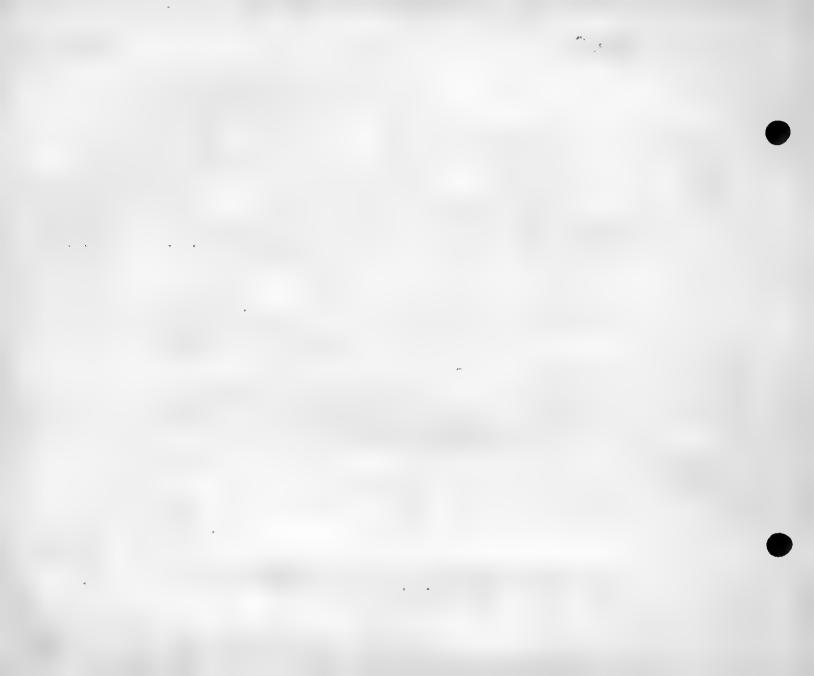


J	Lte	m 18 Film 386 3	-17-67 M	ARYLAND STATE	DEPA	ARTMENT OF HEA	LTH	
12/		DIVISIO	ON OF VITAL	RECORDS, 301 W. PR	ESTO	N STREET, BALTIMO	RE, MARYLAND 21201	
		03390		CERTIFIC	ATE	OF DEATH		03382
de d		PLACE OF DEATH		·		49.80	there deceased lived, if institution	
= .		o. COUNTY Baltimore		MARYLAN	ID D	o. STATE Mar	yland b. COUNT	<sup>1</sup> Baltimore
aft after the sages aftra		b. CITY OR TOWN (If outside corporate write PIRAL and give negres) town	hmits,	c. LENGTH OF STAY IN 1	0		tside corporate limits, write RURA	L and give nearest town)
by Pour		write RURAL and give nearest town Lansdown				1	sdowne	12-1
d in ders 72.4		d. NAME OF HOSPITAL OR INSTITUTION		-		d STREET ADDRESS	arch Avenue	B IS RESIDENCE ON A FARM?
fille fille thin	2	2356 Reseat		Middle			4 DATE Month	AE2 NO X
with tely rbon with	1	DECEASED (Type or print) CHARLES	First S GRAY			Lost	OF March 8	Doy Year 1967
nple e ca veni	5	SEX 6. COLOR OR RACE		-V-	7 8	. DATE OF BIRTH	Q AGE ftp years	IF UNDER 1 YEAR   IF UNDER 24 HRS
xect		Male White	WIDOWED	DIVORCED [	5  9	9-1-1925	4 Tost birthday)	Months Days Hours Min
a a me		USUAL OCCUPATION (Give kind of work on most of working life, even if retired)		KIND OF BUSINESS OR NOUSTRY		11 BIRTHPLACE (County 8	State, or foreign country)	12. CITIZEN OF WHAT
ate ician east and				TOOTKI		Maryla		COUNTRY? U.S.A.
tific hys	13.	FATHERS NAME	.1.1			14 MOTHER'S MAIDEN N		
ng p The	15	Charles A. We was deceased ever in u.s. armed for		SOCIAL SECURITY NO.	17 [1	F L O L C	ence Thorn Address	
requires that the death certificate be executed within 24 hours after g physician.  I signed by the attending physician and campletely filled in by the further parmit. Then please remaye carbon papers. Pages I a burial, crematian, ar remayal, and in any event, within 72 hours after	(vi	s, no, or unknown) (If yes give wor or do	ntes of service)	12-20-5366				Research Ave.
the at e at per	F	18. CAUSE OF DEATH (Enter only on	e couse per line fo				Arg .	INTERVAL BETWEEN
hat J. y th ansid		PART 1 DEATH WAS CAUSED BY. IMMEDIATE C	AUSE (o) Lice	rcerman	- 1	Hune		ONSET AND DEATH
equires th physician signed by burial-tra burial, cre	ı	X	DUE TO	eneral M	E	actures		
physign sign		Conditions, if ony, which gove rise to immediate couse (a),	OUE TO			<del> </del>		
nding been s the l		stoting the underlying couse (	(c)					
The law re attending has been se as the h priar ta	_	PART II OTHER SIGNIFICANT CONDITIO		TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19 WAS ALTOPSY PERFORMED?
The Track of the Property of t	AT ON							YES NO
PHYSICIAN: e haspital ar his certificate stached for u Dept. af Heal	CERTIFICAT	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b D	ESCRIBE HOW INJURY OCCU	RRED (	Enter noture of injury in P	ort I or Port II of item 18)	
PHYSICIA haspiral iis certific rached fo	AL CE	(IF FITHER, NOTIFY MEDICAL EXAMINER)		1				
	MEDICAL	20c. T.ME OF INJURY Month, Day, Ye Hour o.m.	Whit	e Not While	e PLAC focto	E OF INJURY (Home, form, ory, street, office bldg., etc.)	, 20f (City or town)	(County) (State)
ATTENDING etained by it CTOR: After 1 should be diffith the State		21. I certify that (1) (this		rk L of work L	ml A	7 10	955 to 318	
		saw the deceased alive a				death accurred of		nd an the date stated above
OR ATTEN be retained DIRECTOR: /		220 SIGNATURE	11			ATTENDING	MED. STAFF	22b DATE SIGNED
OR be 3		Glink Wyss	num	<u> </u>	M D	PHYS PHYS	MED. DIRECTOR PHYS.	5/9/61
TO HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the		22c PHYSIC AN S NAME (Type) Dr. E. I	W. Johns	on		22d ADDRESS 3432 1	Frederick Avenu	ie , Balto., Md.
IOSP Pe 4 UNE sector	231	BURIAL, CREMATION, 236 DAT	TE THEREOF	23c. NAME OF CEMETER	y or c	CREMATORY	23d. LOCATION (City or Town	
<b>5</b> 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		DUKLAL	10-1967	_1	ark	Cemetery	Baltimore, l	
VR A15 (4) 1/67 25M 1/67	1	I. FUNERAL DIRECTOR	/ 10=	ADDRESS				STRAR'S SIGNATURE
25M 1/67		Howard H. Hubbard	, 4107 W	ilkens Avenu	e 2	1229 MAR ]	0 1967 Juli	walnut born



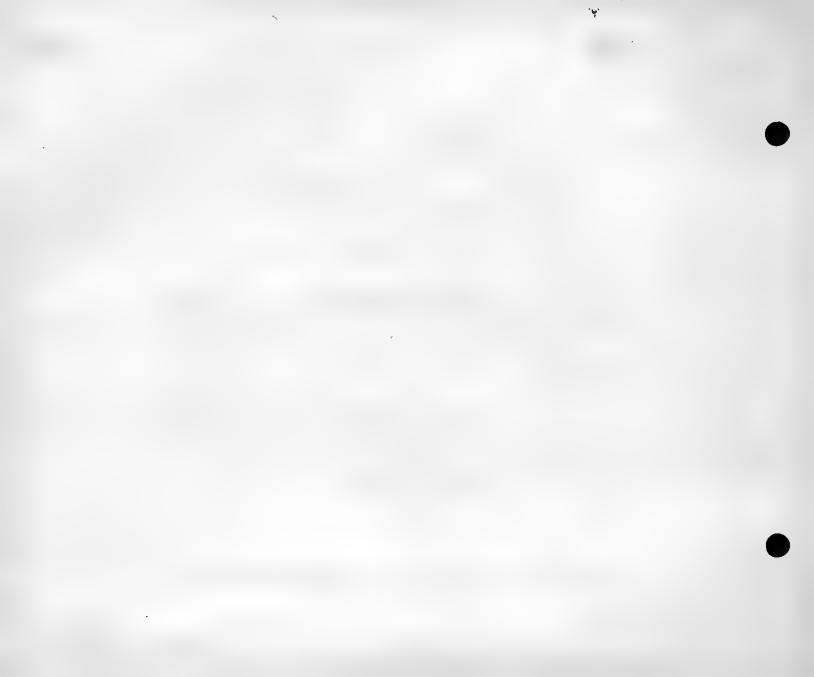
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03384 03392 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH USUAL RESIDENCE (Where deceosed fived, if institution Residence before admission) D. COUNTY Baltimore **b.** COUNTY o. STATE Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) 11 days Baltimore .≘ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? filled 2204 Park Avenue Veterans Administration Hospital YES NO X campletely fi NAME OF Middle First. Lost DATE Month Doy Year DECEASED WITHING WILLTAMS JAMES 12 67 March 19 (Type or pnnt) DEATH 6. CDLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** Jost birthdov) Months Hours 11/17/19 Male Negro WIDOWED DIVORCED 10a JSUAL OCCUPAT DN (Give kind of work done 10b KIND OF BUS NESS OR 12 CITIZEN OF WHAT 11 BiRTHPLACE (County & Stote, or foreign country) during most of work on life even if retired)
Truck Driver Piano Company Jonesville, S. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ethel Durant . Joe Williams WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service 250 18 19 64 Clinical Reds. VA Hospital, Ft Howard Md. Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART | DEATH WAS CAUSED BY ONSET AND DEATH CEREBRAL HEMORRHAGE, RIGHT LATERAL VENTRICAL IMMEDIATE CAUSE (o) DUE TO ਰ Conditions, if only, which gove (b) nse to immediate cause (a), DUE TO stoting the underlying couse this certificate has been HYPERTENSIVE CARDIOVASCULAR DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? LAENNEC'S CIRRHOSIS (FATTY LIVER)
CHRONIC ALCOHOLISM NO 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (Eity or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) at work ot work 21. I certify that (X(this hospita) ottended the deceased from March I 19 67 to March 12 19 67 that 39 (we) last saw the deceased alive on March 12 19 67, and that death occurred at 11:30 M, fram causes and an the date stated above TO FUNERAL DIRECTOR: 22o SIGNATURE 22b DATE SIGNED 3/13/67 STAFF X director, page 3 shauld be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S VA Hospital, Fort Howard, Ma. NAME (Type) NEILON NEILSON, M. D. 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) BULLYAL (Specify) Baltimore National Baltimore, Maryland 3/16/67 W. North Ave 250. RECD BY REGISTRAR 1967 256 RECULARS 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Baltimore, Ma.

Nutter Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30), W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission.) o. COUNTY P COANTA ely filled in by the functions bon papers. Pages 1 o within 72 hours after d MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The faw requires that the death certificate be executed within 24 haurs aft write RURAL and give nearest town) 2 dario. WEST MINST -1M0 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d-STREET ADDRESS BALTIMORE MEDICAL CENTRE carbon 3 NAME OF Middle 4. DATE Doy Yeor DECEASED OF DEATH CASSLE WALTER MARCH WIMERT (Type or print) and in any event, 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Hours DIVORCED WIDOWED and 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) physician a ien please during most of working life, even if retired)

\$700E MASON INDUSTRY CARROLL COUN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remayal. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH signed by the burnal-transit s IMMEDIATE CAUSE (o) the hospital or attending physician. DUE TO for use as the burial. Health priar ta burial, Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO V 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1) of stem 18.) be detached for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour om. foctory, street, office bldg , etc.) Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased from function 21 , 19 67, to Sharch 22, 1967, that (1) (we) last sow the deceased olive on March 22 1967, and that death occurred at 1.00 M, from couses and on the date stated obave. TO FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED DIRECTOR M.D. director, page should be filed 22c. PHYSICIAN S 22d ADDRESS NAME (Type) REGOR 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY QR CREMATORY EUNERAL DIRECTOR VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 03387 03394 be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY . STATE b. COUNTY Baltimore MARYLAND Maryland filled in by the f b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 the ottending physician and completely filled in by Invest nurmit. Then please remays carbon papers. Poc Sparks 21152. Rt. 1. Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? St. Joseph Hospital YES NO NAME OF Middle 4. DATE Doy Year DECEASED OF DEATH Harry March 16. 19 67 (Type or print) ZANDER IF UNDER 24 HRS. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED TX DATE OF BIRTH 9. AGE (In years NEVER MARRIED 60 yrs. Months Doys Hours 12/9/06 White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Baltimore Gas & INDUSTRY COUNTRY? Pennsylvania requires that the deoth certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leonard W. Zander Fammie Seidhoff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, go, or unknown) (If yes give war ar dates of service) 213-05-4680 Mrs. Emma J. Zander Sparks, Md. buriol, cremotian. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-transit ONSET AND DEATH Cerebral Vascular Accident IMMEDIATE (AUSE (o) be retained by the hospitol or ottending physician. DUE TO Conditions, if ony, which gove Myocardial Infarction rise to immediate couse (a). r this certificate has been si detached for use as the b te Dept, af Health prior to b DUE TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO Pulmonary Thrombo-embolism 20o. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) should be detache with the State Dept. 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (State) Hour o.m Not While factory, street, office bldg., etc.) ot work ot work TO HOSPITAL OR ATTENDING Poge 4 may be retained by to TO FUNERAL DIRECTOR: After 21. I certify that (4) (this hospital) attended the deceased from March 3, , 1967, to March 16, 1967, that (3) (we) last saw the deceased dive an March 16. 19-67, and that death occurred at 9:05 M, from causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Reynaldo Orjuela-Gomez, M.D. 7620 York Rd., Towson, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) 3/18/67 Evergreen Memorial Finksburg, Md. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 F. Eline & Sons Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

TREES. A STATE OF THE STA To linger it, sey . Is The same of the sa States '- beight and the design of the second o Spinish and the first of the same of the ALCOHOLOGICAL TO THE RESERVE OF THE PARTY OF The age process can be for a such about a section or such there is A CHARLES DESIGNED TO VICE THE w. ...... Ebes Selections on ... requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY h. COUNTY BALTO. 39170, MARYLAND b. CITY OR TOWN (If autside corporate limits c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 write RURAL and give pegrest town d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 10 NAME OF Middle 4. DATE Month DECEASED (Type or print) HOMAS DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 7. MARRIED NEVER MARRIED AGE (In years last birthday) Months 8-20-02 DIVORCED ond in ony WIDOWED 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) ing mast of working life, even if retired) INDUSTRY BALTO. Md. CLERGYMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, attending phys INFORMANT. 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) MERCY HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: signed by the burial-transit p IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED. 20e, PLACE OF INJURY (Home, farm, (City or town) Hour o.m. factory, street, affice bldg., etc.) at wark et werk 21. I certify that (I) (this-hospital) attended the deceased from 1761 1967, and that death accurred at 1/ A M, from causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an 22n. SIGNATURE DIRECTOR M.D. 22d. ADDRESS NAME (Type) director, should b

23g. BURIAL, CREMATION

URIA FUNERAL DIRECTOR

REMOVAL (Specify)

NAME OF CEMETERY OF EREMATORY

NEWCATHERROL

23d. LOCATION (City or Town) BALTO, MY

IS RESIDENCE ON A FARM?

1967

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPS PERFORMED? NO

that (1) (we) last

(State)

(County)

22b. DAJE SIGNED

(County)

12. CITIZEN OF WHAT

COUNTRY?

NO W